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ABSTRACT

The Honolulu Primary Counseling Project (HPCP) is a pilot, 3-year juvenile delinquency prevention program which emphasizes early identification of and intervention in children's adjustment and pre-delinquent behavior problems. The ultimate goal is to decrease the incidence of juvenile crimes. The project had three broad project goals: (1) to develop and implement at five high-risk elementary schools a comprehensive counseling and support services program; (2) to establish and strengthen family-school relationships for families with children participating in HPCP; and (3) to establish and strengthen family and school linkages to community agencies that provide services to target students and their families. The HPCP used a direct intervention approach with a multi-disciplinary team concept. There was emphasis on early identification, counseling, and supportive services for the student as well as for the students' family. Analyses of demographic data indicated that almost 70 percent of the HPCP students were male and that there was wide variability in the number of years students' families had resided in the locality. The accomplishments of HPCP in its second year mirrored that of the first year with the program providing a variety of in-service training experiences; identifying students with adjustment problems; and implementing the program by early fall in all five targeted schools. Further integration of HPCP with existing school personnel and activities and attempting to assess student progress independently is recommended. (The HPCP instrumentation forms are included.) (ABL)

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HONOLULU PRIMARY COUNSELING PROJECT

STATUS REPORT:

SECOND YEAR IMPLEMENTATION

SCHOOL YEAR 1987-88

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HONOLULU PRIMARY COUNSELING PROJECT

STATUS REPORT:

SECOND YEAR IMPLEMENTATION

SCHOOL YEAR 1987-88

Department of Education
Office of the Superintendent
Planning and Evaluation Branch
Evaluation Section

February 1989

EXECUTIVE SUMMARY

I. Introduction

The Honolulu Primary Counseling Project (HPCP) is a pilot, three-year, juvenile delinquency prevention program (1986-89) funded by the Hawaii State Legislature in 1986. Its authorization was titled the "Comprehensive Elementary Counseling Project." The project emphasizes early identification of and intervention in children's adjustment and pre-delinquent behavior problems. It has been adapted from the Primary Mental Health Program in Rochester, New York, a program highly touted and funded by the National Institute of Mental Health. The ultimate goal is to decrease the incidence of juvenile crimes.

National surveys estimate that 30% of American school children experience moderate to severe school adjustment problems at some time during their school years. In some urban districts, these school maladjustment figures run as high as 70% (Hagan, 1975). The long-term costs can become staggering as individuals who fail to profit from the school experience become a chronic burden to society via welfare dependency, emotional disorders, criminality and substance addiction.

Recent statistics compiled by the Honolulu Police Department have revealed a dramatic increase over the past six years in the rate of juvenile crimes committed by adolescents in the State of Hawaii. The annual statistics further indicate that arrest rates are highest for juveniles between the ages of 13-14 years. Data on a number of schools reflect such substantial increases. Schools selected for the pilot phase of HPCP are elementary schools located in Honolulu District's Kalihi area.

There are three broad project goals:

1. Develop and implement at five high-risk elementary schools, a comprehensive counseling and support services program designed to:

    - Provide early identification of individual needs for elementary school students who exhibit a predisposition to delinquency;
    - Provide assistance to students in grades K-3 who manifest school adjustment problems;
    - Help reduce pre-delinquent behaviors and attitudes of students in grades 4-6;
    - Help reduce crisis or specialized intervention assistance required at intermediate school levels (namely, grades 7-8); and
    - Monitor incidence of juvenile crimes as program students progress through grades 7 and 8.

2. Establish and strengthen family-school relationships for families with children participating in HPCP.

3. Establish and strengthen family and school linkages to community agencies that provide services to target students and their families.

II. Project Description, Second Year (SY 1987-88)

A. Structure and Operations

The structure and operations of the Honolulu Primary Counseling Project (HPCP) in its second year were similar to that of the previous year. The HPCP in SY 1987-88 encompassed five Kalihi area elementary schools selected as "treatment" schools and four other Kalihi elementary schools designated as "comparison" schools:

Treatment	Comparison
Kaewai (K-6)	Fern (K-6)
Kalihi (K-6)	Kaiulani (K-6)
Kalihi-Uka (K-6)	Kalihi-Kai (K-6)
Kalihi-Waena (K-6)	Puuhale (K-6)
Linapuni (K-2)	

Students in schools from this particular geographical area are considered to be in high need of juvenile crime prevention or intervention programs. The project is currently slated for implementation for school years 1986-87, 1987-88, and 1988-89.

The HPCP concept is a direct intervention model that utilizes a multi-disciplinary team approach. There is an emphasis on early identification, counseling and supportive services for the student as well as for the parents and immediate family members. There is a deliberate attempt to strengthen and integrate the efforts of existing school staff, HPCP staff, the family and community agencies to fulfill the needs of the student.

Once admitted, the student is provided individual programming with prescriptive activities depending upon individual needs. The two broad areas of specialization by HPCP staff are in the resolution of school adjustment problems (lower elementary grades) and in the mitigation of "pre-delinquent" behaviors such as aggressive, violent or dangerous conduct (higher elementary grades).

B. Implementation

HPCP activities were operational much earlier in this second pilot school year. All five schools began intake conferencing by late September or early October. The purpose, structure and activities were largely familiar to project and school staff who were on board the previous year. The project, however, continued to experience difficulties in recruiting and selecting personnel. There were a host of HPCP staff changes as indicated in the project coordinator's

report (Hawaii State Department of Education, 1988). In total, there were three new site coordinators/counselors, one new full-time child aide, two new part-time child aides, four new school/home liaison workers, replacement of all four clerk-typists, and two new consultants. These numerous staffing changes reflect changes in 16 of 24 positions, or a 67% turnover rate.

Although the teacher referral procedures remained essentially identical to those of the previous first year of operation, the screening instrument was revised in its entirety. In SY 1987-88, all treatment and comparison schools utilized the Student Behavior Checklist as the screening instrument (i.e., for referrals). Also, a new data collection plan was instituted to facilitate documentation of activities related to the three project goals.

As in the first year, virtually all students referred by classroom teachers were accepted into the program. According to the project coordinator, concerns over the higher caseloads were expressed by project staff at some schools. The 232 elementary students enrolled in the project represent an additional 105 students above the previous year's enrollment of 127 (83% increase).

Each school team, under the general guidance of the school principal, employed the consultant services of a practicing psychiatrist or clinical psychologist in reviewing and selecting project students from teacher referrals. Consultants met with school teams on a weekly or bi-monthly basis throughout the school year. Each intake conference was held with the referring teacher in attendance. A temporary substitute teacher was used to cover classroom supervision in the teacher's absence. During the intake conference, appropriate child management or intervention strategies were developed and articulated to help the teacher, child aide and/or counselor. Progress conferences were held mid-year (January-February). These mid-year conferences were used to monitor the effectiveness of prescribed interventions. Finally, termination conferences were held in May and were used to further evaluate the impact of prescriptive strategies. Results of conference reviews and discussions culminated in specific recommendations for the following school year.

The parent/family involvement component addressing HPCP's goal number two got off to an earlier start this second school year. The initiation and organization of virtually all parent activities, though, were provided by the HPCP counselor in conjunction with the school/home liaison worker, presumably due to an inadequate staff of social workers. There was only one social worker retained to service all project schools; no new social worker hires were available at the Social Worker III classification alloted. The single HPCP social worker did conduct parent self-esteem classes at a number of project schools in response to specific requests. These classes seem to have been well-received. The social worker and school/home liaison workers also conducted home visits or telephone

contacts to inform parents of their child's progress and upcoming HPCP and school events.

A Community/Parent Advisory Committee was formed in early October 1987. This newly established committee consisted of four community resource people, five representatives from each of the HPCP schools, one HPCP school principal, the HPCP Coordinator, and the HPCP Director. The committee convened on three occasions during the school year to solicit parent feedback on the project's successes and problems, and to obtain suggestions for further improvement.

In contrast to the first year of operation, project staff at each of the five HPCP schools were able to draft year-end summaries describing each HPCP student's progress at school. These Year End Student Summaries were provided to all HPCP parents or guardians.

The third HPCP goal of establishing and strengthening family-school-community agency linkages began in Fall 1987 with a November conference. Twenty-five Kalihi area agency staffers and all HPCP school personnel attended in an attempt to further strengthen the networking necessary among these public service workers. HPCP school staff utilized these contacts to refer individual students, arrange case conferencing, organize school faculty presentations, and place HPCP students in summer academic or recreational programs. One problem experienced by HPCP staff in spite of the cooperation engendered was the decreasing outreach services being offered to schools. The project coordinator reported that this often was a source of frustration for HPCP staff who wanted to elicit more direct and immediate assistance for students and families, but were informed of restrictions in funding and staff resources among the agencies themselves (Hawaii State Department of Education, 1988).

Of noteworthy interest is the reduced time allotted to the project coordinator for HPCP activities during SY 1987-88 (FTE .40). Nevertheless, an estimated 80 hours of training and staff improvement workshops and meetings were held during SY 1987-88. First semester workshops focused on child development theory, cross-cultural sensitivity, family violence, the aggressive youth, group counseling, sand play, the consulting process, and the shy or withdrawn child. Child aides, in particular, continued to receive monthly training on these topics through the entire school year. Second semester workshops highlighted child abuse, social networking, behavior modification techniques, art play, and again, the aggressive youth.

III. Findings and Recommendations

A. Demographics, short-term impact, and preliminary long-term impact findings

Demographic data on treatment students and their respective families were compiled to a much greater extent in the second year of implementation. This shift in emphasis was intended to provide a richer, more detailed analysis of student and family profile characteristics.

Analysis of demographic data show that almost 70% of the HPCP treatment students were males (males, 69%; females, 31%), based on 86% of the students for which data were not missing. Also, there was wide variability in the number of years HPCP families resided in the Kalihi area. One-half of the families were relatively long-term residents of Kalihi Valley who have remained for more than five years, but at the other end, one-fifth were Kalihi residents for less than two years. The remaining 30% were Kalihi residents anywhere from two to five years.

The ethnicity breakdown revealed that the largest ethnic groups were Samoan (30%), Hawaiian or part-Hawaiian (22%), and Filipino (16%). Most HPCP students had Hawaii recorded as their birthplace (63%), but this figure may be somewhat conservative. The proportion of students with no preschool experience is estimated at 45% or higher; approximately 34% of the sample did have one or more years of preschool experience.

More than 80% of the HPCP students qualify for free or reduced lunch subsidies. Although a substantial number of students did not have information on the father's employment status (34% no response) or occupation (39% no response), the available information suggests that less than half of the fathers are employed full-time (44%) or part-time (5%), and when employed, are involved in service, structural or miscellaneous types of occupations. Similar missing information characterized data on mother's employment status (22% no response) and occupational fields (25% no response), though to a lesser extent. Of interest is the reported high unemployment (41%) or only part-time work (7%) for almost half of the mothers/guardians. Only 29% were noted as employed full-time, and again occupational fields were characteristically service oriented, clerical-sales or miscellaneous categories. These patterns, however, are consistent with the large number of students found to qualify for lunch subsidies.

An estimated 35% of the parents/guardians are single (4% no response); only a little over one-half are in their first marriage (53%). Mean average years of father's education was 11.5 years; 11.7 years for mother's education. Thus, the typical HPCP parent/guardian has not yet graduated with a high school diploma. The home environment typically has two adults (not necessarily married, as is suggested by the over one-third single parent statistic above), and three to four children.

Almost 20% of the HPCP students also experience health-related problems ranging from medical to emotional and motor impairments. Only ten of the 232 individuals (4%) were classified as Special Education students sometime during 1986 and 1988. Although most of the HPCP students will have graduated to the next grade level in SY 1988-89, nine individuals (4%) from three schools will be retained (10% no response on this item). The mean average number of absences for the 232 treatment students was 10.5 per year. Mean number of tardies reported was 6.1 per year. Achievement data (Stanford Achievement Test) were sparse since only the third and sixth graders were scheduled for statewide testing in the Honolulu district. Mean total reading and math normal curve equivalents (NCE) was 32.3 (about the 20th percentile, third stanine) for the 73 cases for whom data were available. The NCE scores ranged from a low of 6.7 to a high of 86.5 NCE units. Statistics on reading versus math NCE scores were similar ($\bar{x}_{read} = 32.0$, $n = 73$; $\bar{x}_{math} = 33.0$, $n = 72$).

Indicators of **short-term impact** consisted of student progress ratings for treatment students, number of discipline referrals for treatment and comparison groups, parent opinions and school and project staff effectiveness appraisals. Potential indicators for **longer-term impact** included number of juvenile offenses committed, academic progress and discipline referrals after entering intermediate grade levels, as well as Family Court and Child Protective Services referrals.

Up to three different problems were identified for each student during the course of the year utilizing the Identification of Problems (IOP) instrument, and intervention strategies were prescribed for each respective problem. The two primary types of problems or contexts in which problems are identified were related to learning and interpersonal (social) difficulties. Intrapersonal problems (e.g., adjustment) were also common. The majority of cases were judged as having made moderate to excellent progress, for all three possible problem descriptions. Still, there were more than a few who did not seem to have made any perceptible improvements (percentages in this "No change" category ranged from 25% to 37%). Only in a handful of cases was the student's problem behavior or attitude considered worse at the end of the school year. Such results are not unexpected in light of the poor prognosis that typically accompanies delinquent behavior. In fact, it may well be that these assessments of poor progress are underestimated. A replication of these results by referring teachers would provide some evidence of concurrent validity and strengthen the integrity of these findings.

Results of subsequent t-tests (for repeated measures) between initial entry and mid-year and end-year progress ratings were statistically significant at the .0001 level for both adjustment related problems (grades K-3) and pre-delinquent problems (grades 4-6). It should be noted that these progress ratings are compiled by HPCP teams and are retrospective, subjective appraisals. At the least, these results suggest some promise of the application of prescribed intervention strategies administered by a multi-disciplinary team of professionals and para-professionals.

While the pilot HPCP was being implemented for the second consecutive year, data useful for assessing **longer-term impact** became available for SY 1986-87 (first year) HPCP students. There was a total of 129 students in the treatment group (two were provided services for only part of the year, before being transferred); an adequate control/comparison group could not be identified during the first year of implementation.

Information on juvenile apprehensions reveal that at least 16 of the 129 first-year students (12%) are known to the Juvenile Crime Prevention Division (JCPD), Honolulu Police Department as of November 1988. The total number of first year students known to the Child Protective Services (CPS), State Department of Human Services, was 45 (35%) as of June 1988. Judiciary data show that 14 (11%) first-year HPCP students are known to Family Court counselors.

With follow-up data on only ten HPCP students thus far at the intermediate grade levels, there was not sufficient information to allow any firm conclusions about long-term impact of HPCP at the intermediate school level. There is, however, more broad-based supportive evidence for the efficient identification and screening of elementary grade students who are potential juvenile delinquents.

B. Accomplishments, program strengths and problems

In summary, the accomplishments of HPCP in its second year of operation mirror much of that in the first year, and more. Similar to last year, HPCP provided: (1) an array of in-service training modules for HPCP staff that included skill development workshops, orientation sessions, and mini-workshops on using intervention strategies; (2) identification of students with adjustment problems or pre-delinquent behavior/attitude problems; and (3) project implementation in all five targeted treatment schools by early fall. Additionally: (4) the family-school component seems stronger and more systematically implemented than in the initial pilot year; (5) an equivalent comparison group was established; (6) a parent/community advisory committee was formed; (7) progress ratings from the Identification of Problems (IOP) instrument along with data from a number of key state and city agencies allowed baseline assessments of HPCP's short-term impact; (8) a comprehensive demographic database was generated; and (9) student progress summary reports were instituted to inform parents of their child(ren)'s status at the end of the school year.

Program strengths identified by school staff, HPCP staff, parents, and the HPCP evaluator are also similar to the prior year's:

(1) early identification of high-risk students, and insights gained into students' problems;

(2) students can be provided the individual services and attention needed but unavailable from a teacher who is responsible for 20-30 children;

(3) multi-disciplinary team approach that provides an organizational structure and systematic procedures in identification, prescriptive programming and follow-up;

(4) an in-service training, staff development component;

(5) better family-school relations as a result of outreach efforts including parent involvement, networking with community agencies, and a newly instituted year-end summary report sent to each HPCP family.

The problem areas encountered in the second year ranged from personnel to data integrity. As in the prior year, a primary source of difficulty lay in recruiting, hiring and retaining qualified personnel for staff positions. Presumably due in large part to the temporary nature of the pilot project, there was a large turnover of staff from year one. Only one of the two social workers was retained, leaving supervision of school-home liaison workers largely to site coordinators/counselors.

Another source of difficulty was the unreliable nature of reported discipline referrals when utilizing existing data collection methods such as the School Incident Report. The task of operationalizing a program that fairly monitors discipline referrals at each school appears to be a particularly arduous one indeed. Some of the wide discrepancies among school reports are probably due to differing school administrators' philosophies regarding documentation of school infractions. Also, only class A and B offenses are required, by regulation, in these discipline monitoring reports. Consequently, a simplified worksheet version customized for HPCP use was developed for the monitoring of school infractions in both treatment and control schools. This Student Misconduct and Discipline Report (SMDR) does not fully circumvent problems associated with school administrators' philosophies and policies concerning whether and how various discipline problems should be documented. The instrument was nonetheless partially successful in monitoring discipline problems, but one of the comparison schools was unable to submit the SMDR in time, even after repeated requests and reminders.

Overall, data accuracy and consistency in recordkeeping functions have improved in the second year. Some problems remain, however, with respect to submitting multiple, duplicate copies for the same student, or incomplete data for a number of variables.

Other problems identified include concerns with the eroding community agency support presumably due to inadequate funding, and a general perception at some schools that the project could be better integrated with existing school functions.

C. HPCP summary highlights

The following table contains highlighted summary findings from the second year of HPCP implementation. Demographics were not readily available from comparison schools, but most noticeable is the similarity of the most frequent and most severe behavior problems demonstrated by students in both the treatment and comparison schools, in spite of independent referring agents (mostly teachers). This appears to be further testimony for the successful identification of at-risk students.

D. Recommendations

The following recommendations stem from a review of the second year evaluation of project activities. Some of these recommendations mirror those outlined in the first year HPCP Status Report.

1. Continue efforts to facilitate communication and integration of HPCP with existing school personnel and activities.

2. Continue in-service training workshops and re-assessment of training needs. Involve principals and teachers in determining training priorities for subsequent years (e.g., improve in-service for teachers to clarify program purpose, roles of teachers and school counselors).

3. Strive to improve data integrity. Include checks for accuracy, completeness and non-duplication prior to submission.

4. Attempt to assess student progress, if possible, from an "independent source" such as the referring teacher, to substantiate the statistically significant gains in student progress ratings by HPCP teams.

5. Continue year-end summaries of student progress reports that provide a short written review of the child's status, but be mindful while preparing the report that the primary audience is the parent/guardian. Use less technical language whenever possible.

6. Don't give up on establishing and strengthening linkages among school, home and community agencies. Search for creative alternatives in developing and fostering partnerships.

Summary findings of HPCP second-year (SY 1987-88) implementation:
Demographics and behavior problems identified

	TREATMENT SCHOOLS	COMPARISON SCHOOLS
COMBINED STUDENT ENROLLMENT	2,087	2,234
TOTAL NO. STUDENTS SERVED/IDENTIFIED:	232	62
AVERAGE (MEAN) number of students served/identified (per school):	58.0[1]	15.5
RANGE:	From: 31 (K-2 school) To: 81	From: 12 To: 21
DEMOGRAPHICS		
Gender	Males: 69% Females: 31%	
No. and pct. more than 5 yrs. RESIDENCE in Kalihi	n = 115 (50%)	
No. and pct. with one or more years PRESCHOOL experience	n = 78 (34%)	
Three most prevalent ETHNICITIES	1. Samoan (30%) 2. Hawn/Part Hawn (22%) 3. Filipino (16%)	
No. and pct. HAWAII AS BIRTHPLACE	n = 145 (63%)	
No. and pct. on SUBSIDIZED LUNCH PRG.	n = 189 (82%)	
No. and pct. SINGLE PARENTS	n = 84 (35%)	
BEHAVIOR PROBLEMS[2]		
Five (of twenty-nine) most frequent, identified by referring teacher	1. Easily distracted 2. Poor study habits 3. Difficulty following directions 4. Overly dependent 5. Irresponsible behavior	1. Easily distracted 2. Poor study habits 3. Irresponsible behavior 4. Overly dependent 5. Difficulty following directions
Five (of twenty-nine) most severe, rated by referring teacher	1. Easily distracted 2. Poor study habits 3. Difficulty following directions 4. Irresponsible behavior 5. Overly dependent	1. Poor study habits 2. Easily distracted 3. Irresponsible behavior 4. Overly dependent 4. Unaware of influences by or to one's feelings and actions

[1]Based on grades K-6 schools

[2]See Appendix I for complete list of items on Student Behavior Checklist

7. Prioritize needs with respect to purpose and goals of HPCP. Re-examine roles and responsibilities of project and school staff to determine the most productive, cost-efficient program delivery system that best meets the needs of student, family and school.

8. Renewal of funding to continue or expand HPCP in its present or modified form should consider appropriating some of the resources to the four Kalihi elementary schools that helped successfully identify students to serve in the comparison group. The staff at these schools unselfishly devoted time and resources to aid in the overall project effort without any compensation.

9. In light of increasingly competitive requests for the limited available evaluation resources that exist within DOE, prorate a portion of future project funds for contracting evaluation services to ensure future assessments of project impact and implementation. Assessments by an independent evaluator would also furnish further credibility and some conclusive evidence, should present findings be replicated by an external evaluation source.

IV. General Conclusions

There are several general conclusions that may be drawn following the second year of HPCP implementation.

1. HPCP shows promise as a vehicle for identifying at-risk children in need of help, in spite of a wide range of problem sources that potentially underlie maladjustment or delinquent behavior.

2. Most noteworthy of the interagency findings is the proportion of students identified by HPCP who are already known to key agencies. This suggests strongly that HPCP is successfully identifying so-called at-risk students. Also, if these proportions are conservative estimates, as is suspected, then there appears to be a legitimate concern over the inadequate attention provided to students who are in jeopardy of succumbing to juvenile delinquency, future economic deprivation or personality disorders. It would be of more than passing interest to determine if a prevention program like HPCP does provide any promise in preventing further delinquency or maladjustment, in light of the social and economic costs attributed to delinquent or criminal behavior.

3. HPCP helps fill a void for so-called "gap" students who frequently need supportive relief from or counseling for acute family or personal problems. Such students may not be easily identified nor are receiving additional attention through special programs.

4. The training component of HPCP continues to be one of its strengths, but reassessments of priority topics are needed to avoid possible oversight of critical training needs.

5. One of the most serious and recurring problems in operationalizing HPCP is the recruitment and retention of qualified personnel. If HPCP is re-funded under conditions showing more stability in commitment and direction, many of these hiring difficulties would diminish.

6. Results from the Identification of Problems instrument suggest that students, in general, are making some progress in mitigating problems. These mid-year and end-year progress assessments, however, are done by HPCP team members and are, by nature, subjective appraisals of the extent to which problems have been resolved or targeted behaviors have been attained. Replications of such results based on appraisals by an independent source (e.g., referring teachers) would help validate these findings. Parents and guardians, at any rate, seem pleased with HPCP's efforts.

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HONOLULU PRIMARY COUNSELING PROJECT

Status Report: Second Year Implementation
School Year 1986-87

I. Introduction

The Honolulu Primary Counseling Project (HPCP) is a pilot, three-year, juvenile delinquency prevention program (1986-89) funded by the Hawaii State Legislature in 1986. Its authorization was titled the "Comprehensive Elementary Counseling Project." The project emphasizes early identification of and intervention in children's adjustment and pre-delinquent behavior problems. It has been adapted from the Primary Mental Health Program in Rochester, New York, a program highly touted and funded by the National Institute of Mental Health. The ultimate goal is to decrease the incidence of juvenile crimes.

National surveys estimate that 30% of American school children experience moderate to severe school adjustment problems at some time during their school years. In some urban districts, these school maladjustment figures run as high as 70% (Hagan, 1975). The long-term costs can become staggering as individuals who fail to profit from the school experience become a chronic burden to society via welfare dependency, emotional disorders, criminality and substance addiction.

Recent statistics compiled by the Honolulu Police Department have revealed a dramatic increase over the past six years in the rate of juvenile crimes committed by adolescents in the State of Hawaii. The annual statistics further indicate that arrest rates are highest for juveniles between the ages of 13-14 years. Data on a number of schools reflect such substantial increases. Schools selected for the pilot phase of HPCP are elementary schools located in Honolulu District's Kalihi area. Five of these elementary schools are in a "treatment" group while four other schools provide a "comparison" component. These selected schools feed primarily into Dole Intermediate and Kalakaua Intermediate.

The implicit assumption underlying HPCP is that an ounce of prevention is far more effective than a pound of rehabilitation. There evidently is a need to focus on the preventive aspect of juvenile crime, but how one develops and implements such desirable programs is another matter. There have been literally hundreds of juvenile crime prevention programs developed and tested over the past several decades.

How have these programs fared? Unfortunately, not very well, although it is a difficult question to answer straightforwardly. Frequently, the successes or failures of such programs are analyzed and evaluated under less than ideal circumstances. Still, a review and analysis of juvenile delinquency prevention experiments conducted by the U.S. Department of Justice reveal results that are rather dismal (Berleman, 1980).

Despite the rather poor showing from such empirical studies, juvenile crime prevention efforts thrive for at least two basic reasons. First there seems to be an inherent need to do something about the seemingly unrelenting and perturbing increase in youth crime. Since a rehabilitation approach for adolescents and young adults involved with crime generally has not been successful, a logical alternative has been to focus on preventing children from becoming involved with crime in the first place. It is far too early to tell whether a prudent and practical combination of services, or some sort of social catalyst can be found to alleviate the problems associated with juvenile delinquency. The roots of serious juvenile crime, it seems, are seated deeply within a larger context involving early childhood experiences within the family and social environments.

The second reason for the continual effort is that the final chapter on determining the ultimate impact of such programs has not yet been written. Program effects are difficult to measure. Juvenile delinquency, to be sure, is a complex human-social phenonmenon; solutions to it are no less puzzling, and accurate measurement of preventive or intervention program efforts have thus far been inadequate.

In Hawaii, the HPCP has some similarities with the Primary School Adjustment Program (PSAP) that was developed some ten years ago and has been implemented in selected Hawaii public schools over the decade. Initially, it was implemented in grades K-2, but it has recently been implemented in grades 1-5, and its title has since been changed to Elementary School Adjustment Program (ESAP). Its focus is on adjustment problems experienced by students, and the intervention consists primarily of counseling and support by a child aide and the student's teacher.

The HPCP is, by comparison, a more comprehensive version of PSAP/ESAP. Its impetus stems from an identified need for juvenile delinquency prevention, and its model attempts to include the school, family and community environments. There are three broad project goals:

1. Develop and implement at five high-risk elementary schools, a comprehensive counseling and support services program designed to:

    - Provide early identification of individual needs for elementary school students who exhibit a predisposition to delinquency;
    - Provide assistance to students in grades K-3 who manifest school adjustment problems;
    - Help reduce pre-delinquent behaviors and attitudes of students in grades 4-6;
    - Help reduce crisis or specialized intervention assistance required at intermediate school levels (namely, grades 7-8); and

- Monitor incidence of juvenile crimes as program students progress through grades 7 and 8.

2. Establish and strengthen family-school relationships for families with children participating in HPCP.

3. Establish and strengthen family and school linkages to community agencies that provide services to target students and their families.

Table 1 provides a more detailed look at each project goal and its accompanying general objectives.

The underpinning philosophy of HPCP is also consistent with the Hawaii State Department of Education's Foundation Program Objectives (FPO). Specifically, the focus of HPCP is related directly to:

FPO #2 -- Develop positive self-concept

FPO #3 -- Develop decision-making and (social) problem-solving skills

FPO #5 -- Develop physical and emotional health

FPO #7 -- Develop a continually growing philosophy that reflects responsibility to self and others

and indirectly to:

FPO #1 -- Develop basic skills for learning and effective communication with others

FPO #4 -- Develop independence in learning

II. Project Description, Second Year (SY 1987-88)

A. Structure and Operations

The structure and operations of the Honolulu Primary Counseling Project (HPCP) in its second year were similar to that of the previous year. The HPCP in SY 1987-88 encompassed five Kalihi area elementary schools selected as "treatment" schools and four other Kalihi elementary schools designated as "comparison" schools:

Treatment	Comparison
Kaewai (K-6)	Fern (K-6)
Kalihi (K-6)	Kaiulani (K-6)
Kalihi-Uka (K-6)	Kalihi-Kai (K-6)
Kalihi-Waena (K-6)	Puuhale (K-6)
Linapuni (K-2)	

Table 1. Honolulu Primary Counseling Project: Goals and General Objectives

GOAL	GENERAL OBJECTIVES
1. Develop and implement a juvenile delinquency prevention program that emphasizes comprehensive counseling and support services at the elementary school level.	**Program delivery, identification and assessment**
	1.1 Establish and utilize a school level team approach to early referral, assessment, identification and intervention for high-risk children.
	1.2 Provide early and on-going assessment necessary to identify students in K-3 who manifest school adjustment problems.
	1.3 Provide early and on-going assessment necessary to identify students in grades 4-6 who exhibit aggressive and/or violent (pre-delinquent) behaviors.
	1.4 Provide individualized programming and progress monitoring of students.
	Staffing requirements and roles
	1.5 Utilize program coordinator to provide district-wide program coordination with regards to training, information dissemination, presentations, technical assistance to program staff, report generation, etc.
	1.6 Utilize counselors to assist with school level program coordination and to provide immediate and long-term counseling/intervention services to students referred to program.
	1.7 Under the supervision of the program counselors, utilize child aides to help implement counseling and intervention activities.
	1.8 Utilize social workers to provide immediate and direct services to parents/guardians and family members.
	1.9 Under the supervision of the program counselor, utilize school-home liaison workers to provide immediate and direct services to parents/guardians and family members.
	1.10 Utilize psychiatrist or psychologist consultation services in conjunction with school level teams.
	Training and information dissemination
	1.11 Provide pre-service and in-service training to program staff including principals, program counselors child aides, social workers, school-home liaison workers and clerical support.
	1.12 Develop an orientation/dissemination plan to provide HPCP information to target audiences.
	o district/state office staff
	o school level personnel
	o parents of HPCP participant schools
	o agencies/community groups advocating prevention of juvenile delinquency
	1.13 Distribute progress reports to target audiences.
	Program administration and evaluation
	1.14 Develop system for routine recordkeeping.
	1.15 Establish guidelines and instructions for program and school staff regarding checking and submission of data on administration and evaluation forms.
	1.16 Solicit information from program and school staff and parents to help identify intervention strategies that are effective in reducing student maladjustment problems/behaviors in grades K-3.
	1.17 Solicit information from program and school staff and parents to help identify intervention strategies that are effective in reducing student pre-delinquent (e.g., violent, aggressive) behaviors in grades 4-6.
	1.18 Develop a data collection plan to compile information related to incidence of juvenile delinquency at grades 7-8 of:
	o program (treatment) students, and
	o comparison (control) students
	1.19 Identify indicators of juvenile delinquency needed for monitoring incidence of juvenile delinquency.
2. Establish and strengthen family-school relationships for families with children participating in HPCP.	2.1 Establish a community/parent advisory committee to provide input on program directions, policies and activities.
	2.2 Foster parent involvement in informal activities and in the counseling and support services provided to HPCP students.
	2.3 Provide workshops and outreach consultations at homesites to help parents with learning effective parenting skills.
	2.4 Assist in improving communication between families and schools.
3. Establish and strengthen family and school linkages to community agencies that provide services to target students and their families.	3.1 Identify and contact agencies and community groups concerned with prevention of juvenile delinquency.
	3.2 Facilitate school and family contacts with agencies and community groups by organizing activities to familiarize families with agency personnel/contacts and by providing direct services through social workers and liaison workers.
	3.3 Encourage inter-agency networking and coordination of juvenile crime prevention services.
	3.4 Solicit cooperative efforts with agencies needed for monitoring progress of HPCP students.

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Students in schools from this particular geographical area are considered to be in high need of juvenile crime prevention or intervention programs. The project is currently slated for implementation for school years 1986-87, 1987-88, and 1988-89.

The project is directed by a District Educational Specialist and staffed with professionals and paraprofessionals from a number of different disciplines. Overall coordination of project activities is provided by a guidance resource teacher. Each of the five school site coordinators is selected from either the HPCP staff or from the existing school staff. Project school sites are typically staffed with a counselor, a child aide, a half-time school-home liaison worker, and a clerk-typist. Two school sites also collectively share the services of one social worker. There is some flexibility within the staffing requirements so schools may hire personnel they consider to be of highest priority. The full-time equivalence (FTE) of these staff members also varies from site to site. Finally, a psychiatrist or clinical psychologist is assigned to each project school to serve in a consultant role. Figure 1 shows the staffing provided at each project school site in the second year of implementation.

The HPCP concept is a direct intervention model that utilizes a multi-disciplinary team approach. There is an emphasis on early identification, counseling and supportive services for the student as well as for the parents and immediate family members. There is a deliberate attempt to strengthen and integrate the efforts of existing school staff, HPCP staff, the family and community agencies to fulfill the needs of the student. Figure 2 displays the typical referral process for students admitted into the HPCP.

Once admitted, the student is provided individual programming with prescriptive activities depending upon individual needs. The two broad areas of specialization by HPCP staff are in the resolution of school adjustment problems (lower elementary grades) and in the mitigation of "pre-delinquent" behaviors such as aggressive, violent or dangerous conduct (higher elementary grades).

For the second year of implementation, students in the designated comparison schools were identified through procedures similar to that used in the project treatment schools. This attempt was necessary to establish, as much as was possible under the circumstances, two groups that were similar in student, family and community characteristics. Although it was not feasible to extract detailed information on students referred through comparison schools, data were provided on the type, frequency, and severity of adjustment or pre-delinquency problems for both treatment and comparison students.

In addition, profile characteristics of the schools and respective communities were analyzed to determine the similarity of the treatment and comparison student population pools. Table 2 contains

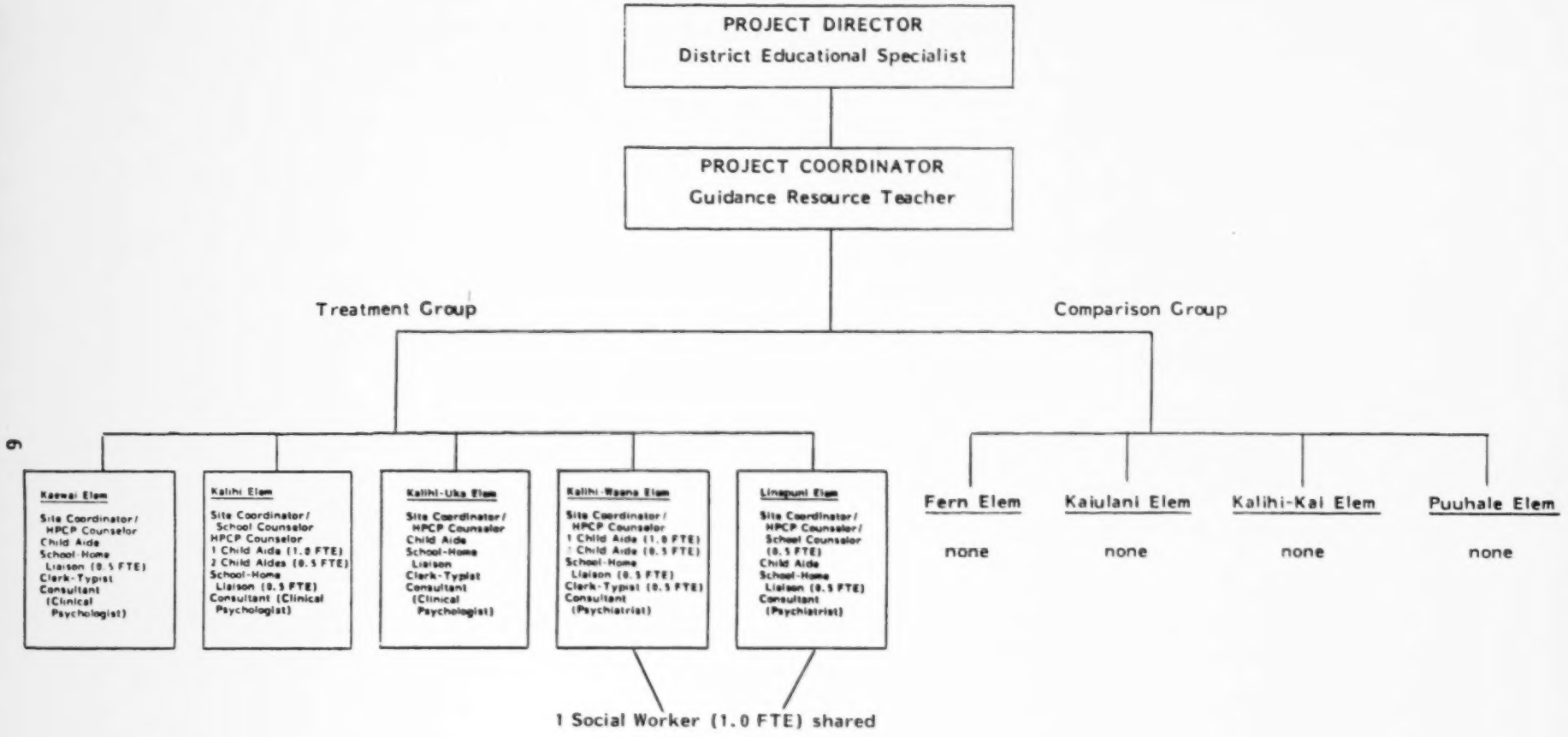

Figure 1. Honolulu Primary Counseling Project Organization Chart of Staff Positions Utilized in SY 1987-88

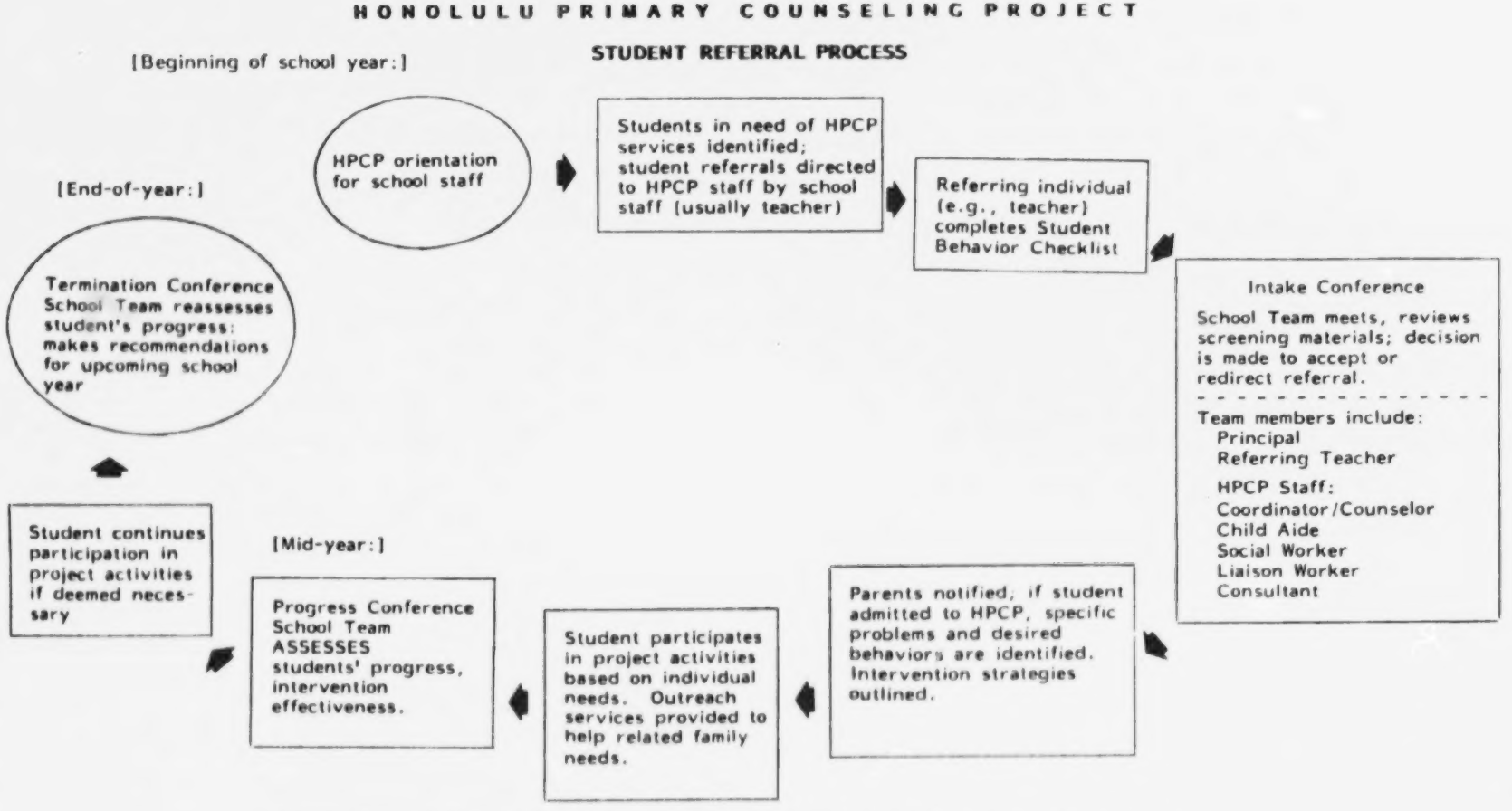
HONOLULU PRIMARY COUNSELING PROJECT
STUDENT REFERRAL PROCESS
[Beginning of school year:]
HPCP orientation for school staff
Students in need of HPCP services identified; student referrals directed to HPCP staff by school staff (usually teacher)
Referring individual (e.g., teacher) completes Student Behavior Checklist
Intake Conference
School Team meets, reviews screening materials; decision is made to accept or redirect referral.
Team members include:
Principal
Referring Teacher
HPCP Staff:
Coordinator/Counselor
Child Aide
Social Worker
Liaison Worker
Consultant
Parents notified; if student admitted to HPCP, specific problems and desired behaviors are identified. Intervention strategies outlined.
Student participates in project activities based on individual needs. Outreach services provided to help related family needs.
[Mid-year:]
Progress Conference School Team ASSESSES students' progress, intervention effectiveness.
Student continues participation in project activities if deemed necessary
[End-of-year:]
Termination Conference School Team reassesses student's progress; makes recommendations for upcoming school year

Figure 2. Overview of the Honolulu Primary Counseling Project's student referral process.

Table 2. Comparative Analysis of Group Equivalence:

School Profile Characteristics

		TREATMENT	COMPARISON
1.	Grade Levels	K-6(4 schools); K-2(1 school)	K-6(4 schools)
2.	Median Enrollment (as of Sep. 1987)	412 students	497 students
3.	Median Student-Teacher Ratio	16-1	17.5-1
4.	Median Transiency Rate	66.1	71.0
5.	Ethnicity 3 largest groups	1. Filipino 2. Samoan 3. Part-Hawn	1. Filipino 2. Part-Hawn 3. Samoan
6.	Average Median Daily Absence	5.8 (days)	5.4 (days)
7.	Achievement (SAT) Grade 3 Mean Percentile Rank READ MATH	 Read 11.5 Math 34.8	 Read 24.8 Math 34.5
	Grade 6 Mean Percentile Rank READ MATH	 Read 15.0 Math 57.3	 Read 17.0 Math 48.3
8.	Median % SPED	6.9%	5.1%
9.	Mean No. Discipline Referrals 1986-87 A & B Offenses C Offenses	 2.0 1.3	 7.3 1.5
	1985-86 A & B Offenses C Offenses	 5.3 0	 3.7 .3
10.	Mean Family Size *	4.7 members	3.9 members
11.	SES Mean Pct. Public Assistance Mean Pct. Lunch Subsidy Mean of Median Income *	 25.4% 80.2% $18,925	 15.9% 72.4% $16,640
12.	Mean Pct. Children from single parent homes *	22.6% of students	22.5% of students
13.	Mean Pct. H.S. Grad. (20 yrs or older) *	49.7%	49.0%
14.	Mean Pct. 4 yr. College Grad. (20 yrs or older) *	8.9%	8.8%
15.	Mean Pct. Unemployed (20 yrs or older) *	5.8%	5.4%

* Based on 1980 Census

SOURCES: School Profile Report, Public and Private School Enrollment, 1987; 1986-87 data

a list of 15 profile characteristics for which treatment schools and comparison schools were examined. Summary information was compiled for both treatment and comparison schools in order to assess similarities and differences in school environment, academic, socio-economic, and family related variables. A comparative analysis between treatment and comparison schools on these 15 characteristics reveals that the schools in both groups are largely similar in many aspects. Besides the comparable representation of major ethnic populations, there are striking parallels among school attendance, percent of children from single parent homes, percent of students graduating from high school, percent of students graduating from four-year colleges, and percent of individuals in community who are unemployed. Some moderate differences were found in the mean number of discipline referrals reported by schools for A and B type offenses and in average (mean) family size. Mixed differences were noted for grade 3 SAT reading scores and grade 6 SAT math scores, with better reading scores in comparison schools and better math scores in treatment schools.

Several qualifications and limitations are in order with respect to the profile data. First, the index of discipline referrals has reportedly been an unstable indicator of behavior problems. Results vary widely among schools, and from year to year, within schools. This variability seems influenced in large part by sources unrelated to discipline problems such as a principal's management style, or the transiency of the vice-principal, counselor, or other staff position responsible for documenting school infractions. Second, the incidence of discipline referrals is highly sensitive to episodic transgressions (such as gang fights) which tend to attenuate the reliability of the incident report as an indicator of school infractions. Lastly, the data for profile characteristics are typically reflective of SY 1986-87, but several characteristics are derived from the 1980 census (those identified by an asterisk).

In general, the treatment and comparison schools were found to be similar or identical in a variety of profile characteristics. Thus, the pools from which treatment and comparison students were referred appear to be, for all intended purposes, equivalent. See Section III, "Findings and Recommendations," for further information on the type, frequency and severity of adjustment and pre-delinquency problems.

B. Implementation

HPCP activities were operational much earlier in this second pilot school year. All five schools began intake conferencing by late September or early October. The purpose, structure and activities were largely familiar to project and school staff who were on board the previous year. The project, however, continued to experience difficulties in recruiting and selecting personnel. There were a host of HPCP staff changes as indicated in the project coordinator's report (Hawaii State Department of Education, 1988). In total, there

were three new site coordinators/counselors, one new full-time child aide, two new part-time child aides, four new school/home liaison workers, replacement of all four clerk-typists, and two new consultants. These numerous staffing changes reflect changes in 16 of 24 positions, or a 67% turnover rate.

Although the teacher referral procedures remained essentially identical to those of the previous first year of operation, the screening instrument was revised in its entirety. In SY 1987-88, all treatment and comparison schools utilized the Student Behavior Checklist as the screening instrument (i.e., for referrals). Also, a new data collection plan was instituted to facilitate documentation of activities related to the three project goals.

As in the first year, virtually all students referred by classroom teachers were accepted into the program. According to the project coordinator, concerns over the higher caseloads were expressed by project staff at some schools. The 232 elementary students enrolled in the project represent an additional 105 students above the previous year's enrollment of 127 (83% increase).

Each school team, under the general guidance of the school principal, employed the consultant services of a practicing psychiatrist or clinical psychologist in reviewing and selecting project students from teacher referrals. Consultants met with school teams on a weekly or bi-monthly basis throughout the school year. Each intake conference was held with the referring teacher in attendance. A temporary substitute teacher was used to cover classroom supervision in the teacher's absence. During the intake conference, appropriate child management or intervention strategies were developed and articulated to help the teacher, child aide and/or counselor. Progress conferences were held mid-year (January-February). These mid-year conferences were used to monitor the effectiveness of prescribed interventions. Finally, termination conferences were held in May and were used to further evaluate the impact of prescriptive strategies. Results of conference reviews and discussions culminated in specific recommendations for the following school year.

As in the previous year, prescriptive strategies were quite varied both between and within schools. This wide variation is apparently a function of the nature of students' needs and the teams' familiarity with and preferences for particular types of counseling or therapeutic techniques. Activities with the children included but were not limited to: individual counseling sessions, individual and group play sessions, group counseling sessions (focusing on problems related to substance abuse, divorce, low self-esteem, and interpersonal skills), role playing exercises, journal writing, communication skills exercises, relaxation techniques, self-esteem building, after school study hall sessions, and an overnight campout in late spring.

Four of the five project schools organized the assignment of students to staff by referring the older, potentially more aggressive students in grades 4-6 to the HPCP counselors, and assigning, under the counselor's supervision, the younger students (grades K-3) to the child aide. The fifth school opted to distribute the caseloads along family lines irrespective of grade level. Thus the counselor or the child aide would each work with a family as a unit.

The parent/family involvement component addressing HPCP's goal number two got off to an earlier start this second school year. The initiation and organization of virtually all parent activities, though, were provided by the HPCP counselor in conjunction with the school/home liaison worker, presumably due to an inadequate staff of social workers. There was only one social worker retained to service all project schools; no new social worker hires were available at the Social Worker III classification alloted. The single HPCP social worker did conduct parent self-esteem classes at a number of project schools in response to specific requests. These classes seem to have been well-received. The social worker and school/home liaison workers also conducted home visits or telephone contacts to inform parents of their child's progress and upcoming HPCP and school events.

Each HPCP school held at least five major parenting activities. These events included parenting skill building sessions, potluck luncheons, Halloween mask making, origami, Christmas ornament making and cultural cooking demonstrations. HPCP consultants, district resource teachers and the HPCP social worker conducted these sessions. The parenting activities were typically characterized by a brief message or theme concerning child rearing, followed by hands-on activities, and finally some free time that enabled parents, project staff and school staff to become better acquainted in an informal setting. Attendance at these day parenting activities was considered low by most HPCP staff. Despite frequent reminders, both orally and written, parent turnout was poor, due to parents' reluctance to come, or their inability to attend during work hours. At one of the five schools, however, where parent activities were held in the evenings, parent turnout was considerably better.

A Community/Parent Advisory Committee was formed in early October 1987. This newly established committee consisted of four community resource people, five representatives from each of the HPCP schools, one HPCP school principal, the HPCP Coordinator, and the HPCP Director. The committee convened on three occasions during the school year to solicit parent feedback on the project's successes and problems, and to obtain suggestions for further improvement.

In contrast to the first year of operation, project staff at each of the five HPCP schools were able to draft year-end summaries describing each HPCP student's progress at school. These Year End Student Summaries were provided to all HPCP parents or guardians.

The third HPCP goal of establishing and strengthening family-school-community agency linkages began in Fall 1987 with a November conference. Twenty-five Kalihi area agency staffers and all HPCP school personnel attended in an attempt to further strengthen the networking necessary among these public service workers. HPCP school staff utilized these contacts to refer individual students, arrange case conferencing, organize school faculty presentations, and place HPCP students in summer academic or recreational programs. One problem experienced by HPCP staff in spite of the cooperation engendered was the decreasing outreach services being offered to schools. The project coordinator reported that this often was a source of frustration for HPCP staff who wanted to elicit more direct and immediate assistance for students and families, but were informed of restrictions in funding and staff resources among the agencies themselves (Hawaii State Department of Education, 1988).

Of noteworthy interest is the reduced time allotted to the project coordinator for HPCP activities during SY 1987-88 (FTE .40). Nevertheless, an estimated 80 hours of training and staff improvement workshops and meetings were held during SY 1987-88. First semester workshops focused on child development theory, cross-cultural sensitivity, family violence, the aggressive youth, group counseling, sand play, the consulting process, and the shy or withdrawn child. Child aides, in particular, continued to receive monthly training on these topics through the entire school year. Second semester workshops highlighted child abuse, social networking, behavior modification techniques, art play, and again, the aggressive youth.

Further, the project coordinator conducted periodic meetings with HPCP counselors/site coordinators as well as a series of pre-service and in-service meetings in Fall with all HPCP staff. These meetings were devoted to a number of topics that ranged from project overview and project directions for SY 1987-88, to delineating lines of responsibility and reviewing revised HPCP forms and data collection procedures.

III. Findings and Recommendations

A. Comparative Analysis of Group Equivalence

The Student Behavior Checklist (SBC) was utilized by both treatment and comparison schools for the first time in SY 1987-88 to identify and refer students in need of HPCP type services. In general, the discord experienced by HPCP type students can be loosely classified into adjustment or pre-delinquent behaviors, but surprisingly, even specific delineations of antecedent problems associated with referrals from treatment and comparison schools were remarkably similar. The five **most frequently identified** problems reported by <u>treatment</u> schools were:

(1) easily distracted
(2) poor study habits
(3) difficulty following directions
(4) overly dependent
(5) irresponsible behavior

For the comparison schools, the five **most frequently identified** problems were:

(1) easily distracted
(2) poor study habits
(3) irresponsible behavior
(4) overly dependent
(5) difficulty following directions

With respect to perceived severity of identified problems, again there were notable similarities found in student behavior checklist items. For treatment schools, the five **most severe** problems experienced by students were:

(1) easily distracted
(2) poor study habits
(3) difficulty following directions
(4) irresponsible behavior
(5) overly dependent

For comparison schools, the five **most severe** problems experienced by students were:

(1) poor study habits
(2) easily distracted
(3) irresponsible behavior
tie [(4) overly dependent
tie [(5) lack awareness of how one's feelings and actions are influenced by (or in turn influence) how others feel and act

Tables 3 through 6 show in further detail, by project group type (treatment or comparison) the number and type of referrals, frequency of occurrence, severity of problem behavior and mean and summary ratings. Appendix I contains a sample copy of the SBC as well as other instruments utilized in the HPCP second-year evaluation.

B. Demographics, short-term impact, and preliminary long-term impact findings

Demographic data on treatment students and their respective families were compiled to a much greater extent in the second year of implementation. This shift in emphasis was intended to provide a richer, more detailed analysis of student and family profile characteristics.

Table 3. Frequency of Problem Behaviors for Students Referred at TREATMENT Schools, SY 1987-88

V NAME	DESCRIPTION	FREQ 1	FREQ 2	FREQ 3	FREQ TOTAL	MEAN	SUM
VF1	POOR STDY HAB,F	27(11%)	46(20%)	85(36%)	158(67%)	1.58	374
VF2	DIFF IN LRNG,F	18(8)	37(16)	36(15)	91(39)	0.85	200
VF3	ABS/TRUANT,F	12(5)	14(6)	5(2)	31(13)	0.23	55
VF4	DIFF W/ DIREC,F	30(13)	59(25)	56(24)	145(61)	1.34	316
VF5	OVERLY DEP,F	13(6)	45(19)	65(28)	123(52)	1.26	298
VF6	LACKS ENTHUS,F	22(9)	37(16)	24(10)	83(35)	0.71	168
VF7	EASILY DISTRAC,F	13(6)	55(23)	102(43)	170(72)	1.82	429
VF8	DISRUPTIVE,F	29(12)	43(18)	55(23)	127(54)	1.19	280
VF9	IRRESPONS,F	27(11)	48(20)	56(24)	131(55)	1.23	291
VF10	DISOBED/DEFIANT,F	33(14)	25(11)	21(9)	79(34)	0.62	146
VF11	REQ DISCPL,F	39(17)	44(19)	38(16)	121(51)	1.02	241
VF12	QUARRELSOME,F	25(11)	45(19)	23(10)	93(39)	0.78	184
VF13	AGGRESS/THREAT,F	34(14)	32(14)	12(5)	78(33)	0.57	134
VF14	SHY/WITHDRAWN,F	24(10)	15(6)	18(8)	57(24)	0.46	108
VF15	UNCOOPERATIVE,F	24(10)	27(11)	15(6)	66(28)	0.52	123
VF16	ODD BEHAV,F	24(10)	33(14)	26(11)	83(35)	0.71	168
VF17	ALIENATED,F	17(7)	25(11)	15(6)	57(24)	0.47	112
VF18	LACKS SENSITV,F	21(9)	40(17)	28(12)	89(38)	0.78	185
VF19	UNABLE DIFF SOLN,F	20(9)	43(18)	29(12)	92(38)	0.82	193
VF20	UNABLE MEANS END,F	25(11)	36(15)	29(12)	90(38)	0.78	184
VF21	UNABLE CONSEQ,F	31(13)	39(17)	36(15)	106(45)	0.92	217
VF22	LACK SWARE SOCIAL,F	22(9)	48(20)	37(16)	107(45)	0.97	229
VF23	DIFF TAKE PERSPEC,F	19(8)	36(15)	15(6)	70(30)	0.58	136
VF24	ANXIOUS/FEARFUL,F	17(7)	6(3)	10(4)	33(14)	0.25	59
VF25	POOR SELF-CONF,F	16(7)	44(19)	42(18)	102(43)	0.97	230
VF26	UNCHARAC SAD,F	16(7)	9(4)	9(4)	34(14)	0.26	61
VF27	THREAT SELF HARM,F	6(3)		1(.4)	7(3)	0.04	9

Table 4. Frequency of Problem Behaviors for Students Referred at COMPARISON Schools, SY 1987-88

V NAME	DESCRIPTION	FREQ 1	FREQ 2	FREQ 3	FREQ TOTAL	MEAN	SUM
VF1	POOR STDY HAB,F	5(8%)	14(23%)	31(50%)	50(81%)	2.03	126
VF2	DIFF IN LRNG,F	7(11)	20(32)	13(21)	40(65)	1.39	86
VF3	ABS/TRUANT,F	3(5)	3(5)	4(7)	10(17)	0.34	21
VF4	DIFF W/ DIREC,F	5(8)	11(18)	21(34)	37(60)	1.45	90
VF5	OVERLY DEP,F	2(3)	9(15)	26(42)	37(45)	1.58	98
VF6	LACKS ENTHUS,F	7(11)	5(8)	16(26)	28(45)	1.05	65
VF7	EASILY DISTRAC,F	2(3)	9(15)	37(60)	48(78)	2.11	131
VF8	DISRUPTIVE,F	9(15)	15(24)	16(26)	40(65)	1.4	87
VF9	IRRESPONS,F	1(2)	18(29)	21(34)	40(65)	1.61	100
VF10	DISOBED/DEFIANT,F	9(15)	12(19)	5(8)	26(43)	0.77	48
VF11	REQ DISCPL,F	11(18)	23(37)	5(8)	39(63)	1.16	72
VF12	QUARRELSOME,F	10(16)	13(21)	5(8)	28(45)	0.82	51
VF13	AGGRESS/THREAT,F	11(18)	9(15)	4(7)	24(40)	0.66	41
VF14	SHY/WITHDRAWN,F	1(2)	3(5)	4(7)	8(14)	0.31	19
VF15	UNCOOPERATIVE,F	10(16)	19(31)		29(47)	0.77	48
VF16	ODD BEHAV,F	8(13)	10(16)	2(3)	20(32)	0.55	34
VF17	ALIENATED,F	8(13)	10(16)	3(5)	21(34)	0.6	37
VF18	LACKS SENSITV,F	5(8)	26(42)	5(8)	36(58)	1.16	72
VF19	UNABLE DIFF SOLN,F	6(10)	23(37)	6(10)	35(57)	1.13	70
VF20	UNABLE MEANS END,F	5(8)	23(37)	5(8)	33(53)	1.06	66
VF21	UNABLE CONSEQ,F	6(10)	27(44)	8(13)	41(67)	1.35	84
VF22	LACK SWARE SOCIAL,F	5(8)	27(44)	10(16)	42(68)	1.44	89
VF23	DIFF TAKE PERSPEC,F	3(5)	17(27)	8(13)	28(45)	0.98	61
VF24	ANXIOUS/FEARFUL,F	1(2)	1(2)		2(4)	0.08	5
VF25	POOR SELF-CONF,F	9(15)	11(18)	8(13)	28(46)	0.89	55
VF26	UNCHARAC SAD,F	3(5)	2(3)	1(2)	6(10)	0.16	10
VF27	THREAT SELF HARM,F	1(2)			1(2)	0.02	1

Table 5. Severity of Problem Behaviors for Students Referred at TREATMENT Schools, SY 1987-88

V NAME	DESCRIPTION	SEV 1	SEV 2	SEV 3	SEV TOTAL	MEAN	SUM
VS1	POOR STDY HAB,S	24(10%)	70(30%)	59(25%)	153(65%)	1.44	341
VS2	DIFF IN LRNG,S	10(4)	49(21)	31(13)	90(38)	0.85	201
VS3	ABS/TRUANT,S	11(5)	9(4)	9(4)	29(13)	0.24	56
VS4	DIFF W/ DIREC,S	26(11)	66(28)	49(21)	141(60)	1.29	305
VS5	OVERLY DEP,S	11(5)	61(26)	50(21)	122(52)	1.2	283
VS6	LACKS ENTHUS,S	16(7)	47(20)	19(8)	82(35)	0.71	167
VS7	EASILY DISTRAC,S	12(5)	85(36)	72(31)	169(72)	1.69	398
VS8	DISRUPTIVE,S	27(11)	56(24)	44(19)	127(54)	1.15	271
VS9	IRRESPONS,S	20(9)	65(28)	47(20)	132(57)	1.23	291
VS10	DISOBED/DEFIANT,S	24(10)	35(15)	19(8)	78(33)	0.64	151
VS11	REQ DISCPL,S	39(17)	59(25)	22(9)	120(51)	0.94	223
VS12	QUARRELSOME,S	20(9)	45(19)	26(11)	91(39)	0.8	188
VS13	AGGRESS/THREAT,S	23(10)	35(15)	19(8)	77(33)	0.64	150
VS14	SHY/WITHDRAWN,S	23(10)	25(11)	9(4)	57(24)	0.42	100
VS15	UNCOOPERATIVE,S	22(9)	28(12)	15(6)	65(27)	0.52	123
VS16	ODD BEHAV,S	18(8)	42(18)	23(10)	83(36)	0.72	171
VS17	ALIENATED,S	14(6)	33(14)	10(4)	57(24)	0.47	110
VS18	LACKS SENSITV,S	14(6)	50(21)	23(10)	87(37)	0.78	183
VS19	UNABLE DIFF SOLN,S	11(5)	54(23)	25(11)	90(39)	0.82	194
VS20	UNABLE MEANS END,S	12(5)	50(21)	26(11)	88(37)	0.81	190
VS21	UNABLE CONSEQ,S	16(7)	57(24)	32(14)	105(45)	0.96	226
VS22	LACK SWARE SOCIAL,S	15(6)	57(24)	31(13)	103(43)	0.94	222
VS23	DIFF TAKE PERSPEC,S	10(4)	40(17)	20(9)	70(30)	0.64	150
VS24	ANXIOUS/FEARFUL,S	13(6)	11(5)	7(3)	31(13)	0.24	56
VS25	POOR SELF-CONF,S	13(6)	52(22)	35(15)	100(42)	0.94	222
VS26	UNCHARAC SAD,S	10(4)	16(7)	8(3)	34(14)	0.28	66
VS27	THREAT SELF HARM,S	3(1)	2(1)	4(2)	10(4)	0.08	19

Table 6. Severity of Problem Behaviors for Students Referred at COMPARISON Schools, SY 1987-88

V NAME	DESCRIPTION	SEV 1	SEV 2	SEV 3	SEV TOTAL	MEAN	SUM
VS1	POOR STDY HAB,S	6(10%)	15(24%)	29(47%)	50(81%)	1.44	341
VS2	DIFF IN LRNG,S	7(11)	22(36)	10(16)	39(63)	0.85	201
VS3	ABS/TRUANT,S	2(3)	6(10)	1(2)	9(15)	0.24	56
VS4	DIFF W/ DIREC,S	5(8)	19(31)	13(21)	37(60)	1.29	305
VS5	OVERLY DEP,S	3(5)	18(29)	16(26)	37(60)	1.2	283
VS6	LACKS ENTHUS,S	5(8)	7(11)	17(27)	29(46)	0.71	167
VS7	EASILY DISTRAC,S	4(7)	16(26)	27(44)	47(77)	1.69	398
VS8	DISRUPTIVE,S	8(13)	19(31)	11(18)	38(62)	1.15	271
VS9	IRRESPONS,S	3(5)	19(31)	16(26)	38(62)	1.23	291
VS10	DISOBED/DEFIANT,S	5(8)	13(21)	7(11)	25(40)	0.64	151
VS11	REQ DISCPL,S	9(15)	21(34)	7(11)	37(60)	0.94	223
VS12	QUARRELSOME,S	6(10)	17(27)	4(7)	27(34)	0.8	188
VS13	AGGRESS/THREAT,S	6(10)	13(21)	5(8)	24(39)	0.64	150
VS14	SHY/WITHDRAWN,S	4(7)	3(5)	1(2)	8(14)	0.42	100
VS15	UNCOOPERATIVE,S	8(13)	20(32)	2(3)	30(48)	0.52	123
VS16	ODD BEHAV,S	10(17)	7(11)	3(5)	20(33)	0.72	171
VS17	ALIENATED,S	9(15)	10(16)	2(3)	21(34)	0.47	110
VS18	LACKS SENSITV,S	9(15)	20(32)	6(10)	35(57)	0.78	183
VS19	UNABLE DIFF SOLN,S	7(11)	22(36)	6(10)	35(57)	0.82	194
VS20	UNABLE MEANS END,S	5(18)	21(34)	7(11)	33(53)	0.81	190
VS21	UNABLE CONSEQ,S	10(16)	23(37)	8(13)	41(66)	0.96	226
VS22	LACK AWARE SOCIAL,S	5(8)	26(42)	10(16)	41(66)	0.94	222
VS23	DIFF TAKE PERSPEC,S	3(5)	16(26)	8(13)	27(44)	0.64	150
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VS26	UNCHARAC SAD,S	3(5)	3(5)	1(2)	7(12)	0.28	66
VS27	THREAT SELF HARM,S		1(2)		1(2)	0.08	19

Table 7 provides summary information on the number of HPCP participants by group and school for SY 1987-88. Grade level breakdown resulted in the following distribution of the 232 students in the treatment group:

Grade level	n	pct.
K	32	14%
1	34	15
2	41	18
3	27	12
4	21	9
5	47	20
6	20	9
N/A	10	4
	232	100%

Additional analyses of demographic data show that almost 70% of the HPCP treatment students were males (males, 69%; females, 31%), based on 86% of the students for which data were not missing. Also, there was wide variability in the number of years HPCP families resided in the Kalihi area. One-half of the families were relatively long-term residents of Kalihi Valley who have remained for more than five years, but at the other end, one-fifth were Kalihi residents for less than two years. The remaining 30% were Kalihi residents anywhere from two to five years.

The ethnicity breakdown revealed that the largest ethnic groups were Samoan (30%), Hawaiian or part-Hawaiian (22%), and Filipino (16%). Most HPCP students had Hawaii recorded as their birthplace (63%), but this figure may be somewhat conservative. The proportion of students with no preschool experience is estimated at 45% or higher; approximately 34% of the sample did have one or more years of preschool experience.

More than 80% of the HPCP students qualify for free or reduced lunch subsidies. Although a substantial number of students did not have information on the father's employment status (34% no response) or occupation (39% no response), the available information suggests that less than half of the fathers are employed full-time (44%) or part-time (5%), and when employed, are involved in service, structural or miscellaneous types of occupations. Similar missing information characterized data on mother's employment status (22% no response) and occupational fields (25% no response), though to a lesser extent. Of interest is the reported high unemployment (41%) or only part-time work (7%) for almost half of the mothers/guardians. Only 29% were noted as employed full-time, and again occupational fields were characteristically service oriented, clerical-sales or miscellaneous categories. These patterns, however, are consistent with the large number of students found to qualify for lunch subsidies.

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Table 7. Number and percent of participants, by HPCP group and school, SY 1987-88

	Kaewai	Kalihi	Kalihi-uka	Kalihi-waena	Linapuni	TOTAL
Treatment Group	37 (16%)	81 (35%)	42 (18%)	41 (18%)	31 (13%)	232 (100%)

	Fern	Kaiulani	Kalihi-kai	Puuhale	TOTAL
Comparison Group	14 (23%)	15 (24%)	21 (34%)	12 (19%)	62 (100%)

An estimated 35% of the parents/guardians are single (4% no response); only a little over one-half are in their first marriage (53%). Mean average years of father's education was 11.5 years; 11.7 years for mother's education. Thus, the typical HPCP parent/guardian has not yet graduated with a high school diploma. The home environment typically has two adults (not necessarily married, as is suggested by the over one-third single parent statistic above), and three to four children.

Almost 20% of the HPCP students also experience health-related problems ranging from medical to emotional and motor impairments. Only ten of the 232 individuals (4%) were classified as Special Education students sometime during 1986 and 1988. Although most of the HPCP students will have graduated to the next grade level in SY 1988-89, nine individuals (4%) from three schools will be retained (10% no response on this item). The mean average number of absences for the 232 treatment students was 10.5 per year. Mean number of tardies reported was 6.1 per year. Achievement data (Stanford Achievement Test) were sparse since only the third and sixth graders were scheduled for statewide testing in the Honolulu district. Mean total reading and math normal curve equivalents (NCE) was 32.3 (about the 20th percentile, third stanine) for the 73 cases for whom data were available. The NCE scores ranged from a low of 6.7 to a high of 86.5 NCE units. Statistics on reading versus math NCE scores were similar ($\bar{x}_{read}$ = 32.0, n = 73; $\bar{x}_{math}$ = 33.0, n = 72).

Further crosstabulation analyses reveal that the high number of reported unemployed or part-time employed parents are largely located at three of the five schools. The substantial number of single parents/guardians (over one-third), on the other hand, is prevalent at all five schools. Gaps found in the grade level by school distribution of students suggest that HPCP student participation is contingent on teacher willingness to identify and refer students to a "pull-out" program that necessitates missing a portion of classroom time. Finally, patterns of total discipline referrals reported by schools reflect wide variability, implying inconsistencies among school reporting policies and procedures. Because of such discrepant statistics and the incompleteness of information on pre-school experience and school achievement/attendance, it was not feasible to analyze further the relationships between potential pre-delinquent indicators and early childhood education.

Indicators of **short-term impact** consisted of student progress ratings for treatment students, number of discipline referrals for treatment and comparison groups, parent opinions and school and project staff effectiveness appraisals. Potential indicators for **longer-term impact** included number of juvenile offenses committed, academic progress and discipline referrals after entering intermediate grade levels, as well as Family Court and Child Protective Services referrals.

Table 8 contains a detailed breakdown of the number and percent of treatment students, by problem type, and the number and percent of students, by progress rating category for mid-year and end-year assessments. Up to three different problems were identified for each student during the course of the year utilizing the Identification of Problems (IOP) instrument, and intervention strategies were prescribed for each respective problem. The two primary types of problems or contexts in which problems are identified were related to learning and interpersonal (social) difficulties. Intrapersonal problems (e.g., adjustment) were also common. The majority of cases were judged as having made moderate to excellent progress, for all three possible problem descriptions. Still, there were more than a few who did not seem to have made any perceptible improvements (percentages in this "No change" category ranged from 25% to 37%). Only in a handful of cases was the student's problem behavior or attitude considered worse at the end of the school year. Such results are not unexpected in light of the poor prognosis that typically accompanies delinquent behavior. In fact, it may well be that these assessments of poor progress are underestimated. A replication of these results by referring teachers would provide some evidence of concurrent validity and strengthen the integrity of these findings.

Table 9 shows mean progress ratings for mid-year and end-year assessments for each of the three possible problems identified per student. A Likert scale ranging from 1 (excellent progress/desired behavior attained) to 5 (behavior substantially worse) was used. A value of 3 indicated no appreciable change was noted. All six mean progress ratings were between 2.1 and 2.4, again indicating that students were generally judged as having made good or moderate progress during the school year.

Results of subsequent t-tests (for repeated measures) between initial entry and mid-year and end-year progress ratings are shown in Table 10. Student progress gains were statistically significant at the .0001 level for both adjustment related problems (grades K-3) and pre-delinquent problems (grades 4-6). Again, these progress ratings are compiled by HPCP teams and are retrospective, subjective appraisals. At the least, these results suggest some promise of the application of prescribed intervention strategies administered by a multi-disciplinary team of professionals and para-professionals.

Descriptive statistics on discipline referrals for the second year HPCP treatment and comparison groups are shown in Table 11. These figures are gross estimates of student infractions, and are influenced by a number of key variables. The formal or informal school administration policy on documenting school incidents is one example of such variables which, in turn, is difficult to measure. Another variable involves the inclination and willingness of teachers to send students to the principal, vice-principal, or school

Table 8. Number and percent of treatment students in categories of problem description and progress rating for up to three identified problems per student

Problem Description #1	n	(%)	Rating Category	Mid-yr Progress	End-yr Progress
Category:					
Educational	100	(43)	(1) Excellent	11 (9%)	41 (19%)
Interpersonal	89	(38)	(2) Good	73 (62%)	106 (50%)
Intrapersonal	40	(17)	(3) No change	29 (25%)	56 (27%)
Other	1	(< 1)	(4) Moderately worse	5 (4%)	6 (3%)
			(5) Substantially worse	0	2 (1%)
Frequency missing:	2		Frequency missing:	114	21

Problem Description #2	n	(%)	Rating Category	Mid-yr Progress	End-yr Progress
Category:					
Educational	87	(41)	(1) Excellent	5 (5%)	30 (16%)
Interpersonal	94	(45)	(2) Good	66 (61%)	99 (52%)
Intrapersonal	24	(11)	(3) No change	35 (32%)	52 (27%)
Other	5	(2)	(4) Moderately worse	2 (2%)	7 (4%)
			(5) Substantially worse	0	3 (2%)
Frequency missing:	22		Frequency missing:	124	41

Problem Description #3	n	(%)	Rating Category	Mid-yr Progress	End-yr Progress
Category:					
Educational	60	(42)	(1) Excellent	5 (7%)	19 (15%)
Interpersonal	51	(36)	(2) Good	40 (53%)	64 (49%)
Intrapersonal	29	(20)	(3) No change	28 (37%)	40 (31%)
Other	2	(1)	(4) Moderately worse	3 (4%)	5 (4%)
			(5) Substantially worse	0	3 (2%)
Frequency missing:	90		Frequency missing:	156	101

Table 9. Mean progress ratings for mid-year and end-year assessments of up to three possible problems identified per student

		$\bar{x}_{\text{Mid-yr}}$	$\bar{x}_{\text{End-yr}}$
PROBLEM	#1	2.20 (n = 118)	2.16 (n = 211)
	#2	2.31 (n = 108)	2.24 (n = 191)
	#3	2.38 (n = 76)	2.31 (n = 131)

Likert rating scale:
1 = Excellent progress / Behavior attained
2 = Good progress
3 = No change
4 = Behavior moderately worse
5 = Behavior substantially worse

Table 10. t-test of differences between initial entry and mid-year and end-year progress ratings for each of three identified problems per student, by lower elementary (K-3) and upper elementary (4-6) grade levels

Grades K-3	N	MEAN	STD ERROR	t
Problem 1, Mid-year	72	.82	.09	9.19*
Problem 2, Mid-year	67	.69	.07	9.64*
Problem 3, Mid-year	44	.64	.09	6.88*
Problem 1, End-year	123	.85	.07	13.14*
Problem 2, End-year	114	.79	.07	11.67*
Problem 3, End-year	75	.73	.08	9.02*
Grades 4-6				
Problem 1, Mid-year	48	.77	.10	7.72*
Problem 2, Mid-year	41	.68	.10	7.17*
Problem 3, Mid-year	32	.59	.13	4.44*
Problem 1, End-year	88	.83	.10	8.65*
Problem 2, End-year	77	.73	.11	6.78*
Problem 3, End-year	56	.64	.14	4.73*

* $p < .0001$

counselor. Note the small number of referrals for grade 6 at treatment schools and for grade 3 at control schools in Table 12. Note also the large difference in the percent of treatment versus control students referred for disciplinary action (16% vs. 66%). Of those who were referred, however, the mean number of infractions is not appreciably different as one treatment student had 29 reported discipline referrals (treatment, 5.3; control, 5.0). A short caveat is necessary here to point out that information was not available for one of the four control schools, which resulted in a net total of 41 instead of 62 comparison students in the present analysis.

While the pilot HPCP was being implemented for the second consecutive year, data useful for assessing **longer-term impact** became available for SY 1986-87 (first year) HPCP students. There was a total of 129 students in the treatment group (two were provided services for only part of the year, before being transferred); an adequate control/comparison group could not be identified during the first year of implementation.

Information on juvenile apprehensions reveal that at least 16 of the 129 first-year students (12%) are known to the Juvenile Crime Prevention Division (JCPD), Honolulu Police Department as of November 1988. There were 11 students (9%) apprehended in 1987-88 (September 1, 1987 to August 31, 1988), of whom three (2%) were apprehended on more than one occasion. A total of six students (5%) had been previously apprehended prior to September 1, 1987. As of November 1988, the mean age of HPCP students known to JCPD was 11 years. Three of the 16 apprehended students were classified as special education sometime during 1986-1988. The most frequent charges both prior to and after September 1987 were larceny/theft, assault, and burglary. Other charges included criminal property damage, delinquent minor, and sex offense. There were a total of 25 charges among the 16 individuals. Dispositions were primarily "counseled and released," and Family Court referrals. The 12% figure calculated to estimate the number of students involved in delinquent behavior should probably be considered a conservative guess since many more are never caught, or are apprehended and released without documentation.

The total number of first-year students known to the Child Protective Services (CPS), State Department of Human Services, was 45 (35%) as of June 1988. Thirteen (10%) of these students were active cases in 1987-88 (September 1987 to June 1988). Forty-three (33%) individuals were active cases prior to September 1987. Thus, there were only two (1.6%) new active cases opened in 1987-88. Four of the 45 individuals known to CPSwere classified Special Education students sometime during 1986-1988. It should also be noted that some of the 45 known cases are siblings.

Table 11. Descriptive statistics on discipline referrals in SY 1987-88 for treatment and comparison students

	Total No. in Group	Referrals n	Referrals %	No. Infractions	$\bar{x}$ sub	$\bar{x}$ Tot	Min Tot	Max Tot
Treatment Group	232	38	16%	201	5.3	.9	0	29
Comparison Group	41	27	66%	135	5.0	3.3	0	11

Table 12. Number of discipline referrals for SY 1987-88 in class offense categories for treatment and comparison students, by grade level

		TREATMENT Class Offense						COMPARISON Class Offense					
		A	B	C	D	TOTAL		A	B	C	D	TOTAL	
GRADE LEVEL	K	--	--	--	6	6	(3%)	--	--	--	--	0	
	1	--	--	--	15	15	(8%)	--	--	4	7	11	(8%)
	2	--	4	--	87	91	(45%)	--	--	4	2	6	(4%)
	3	--	2	--	36	38	(19%)	--	--	--	1	1	(1%)
	4	--	--	--	11	11	(6%)	6	6	3	19	34	(25%)
	5	--	2	2	27	31	(15%)	13	11	3	13	40	(30%)
	6	--	2	1	1	4	(2%)	9	9	12	13	43	(32%)
	N/A	--	3	1	1	5	(3%)	--	--	--	--	0	
TOTAL		0	13	4	184	201	(100%)	28	26	26	55	135	(100%)

frequency missing = 14

Judiciary data show that 14 (11%) first-year HPCP students are known to Family Court counselors. Of the 14 individuals, 11 are classified as CPS cases. Three of the 14 were classified as Special Education students sometime in 1986-1988.

Further follow-up monitoring of student performance at the intermediate school level shows that all ten first year HPCP grade 6 students who graduated initially enrolled at one of two Kalihi area intermediate schools. One of the ten students subsequently transferred elsewhere. Of the remaining nine students, eight were referred for disciplinary action involving a total of 84 documented infractions that were primarily Class C type offenses (freq = 58, 69%). A review of their academic performance shows 15 unexcused absences of a total 71 absences (21%), 88 total number of days tardy for a mean average of 9.8 tardies per student. The mean grade point average computed for the nine seventh graders was 1.9 (slightly below "C"). Class rank was typically below the overall class median. One of the nine students was also classified as a Special Education student. All nine individuals were promoted to grade 8 for SY 1988-89.

With follow-up data on only ten HPCP students thus far at the intermediate grade levels, there was not sufficient information to allow any firm conclusions about long-term impact of HPCP at the intermediate school level. There is, however, more broad-based supportive evidence for the efficient identification and screening of elementary grade students who are potential juvenile delinquents.

C. Comparative pre-delinquency/delinquency statistics

Another, more global perspective is presented in Tables 13 and 14 which contain comparative statistics on the number of juvenile arrests and arrest rates for selected elementary and intermediate schools in Honolulu, as well as (Honolulu) district-wide and state-wide figures. Note that the arrest rates are disproportionately high at intermediate schools in contrast to district and state arrest rates and that the general trend is a definite rise in arrests over recent years (Figure 3). Some of the arrest rates at a number of elementary schools too are alarmingly high for this age group.

D. Family-school relations

Establishing and strengthening of family-school relationships for families with children participating in HPCP was the second of three major project goals. Data from a parent survey administered to parents/guardians whose children participated in the second year of HPCP (SY 1987-88) provided information on the number of family-school contacts, feedback on the helpfulness of HPCP services, and opinions about HPCP's impact.

Of the 200 parents and guardians responding to the second-year survey, a total of 613 visits were reported by 167 respondents for a mean average of 3.7 visits over the school year. Eighty-seven

TABLE 13 . Juvenile arrests and arrest rates for HPCP treatment and comparison elementary schools, and two Honolulu district intermediate schools, 1982-1987

SCHOOL	1982					1983					1984					1985					1986					1987				
TREATMENT	No. of Arrests I	II	Tot[1]	Sch. Pop[2]	Arrest Per 100[3]	No. of Arrests I	II	Tot[1]	Sch. Pop[2]	Arrest Per 100[3]	No. of Arrests I	II	Tot[1]	Sch. Pop[2]	Arrest Per 100[3]	No. of Arrests I	II	Tot[1]	Sch. Pop[2]	Arrest Per 100[3]	No. of Arrests I	II	Tot[1]	Sch. Pop[2]	Arrest Per 100[3]	No. of Arrests I	II	Tot[1]	Sch. Pop[2]	Arrest Per 100[3]
KAEWAI EL.	4	0	4	484	.8	5	1	6	463	1.3	1	3	4	452	.9	1	0	1	444	.2	8	3	11	428	2.6	7	1	8	446	1.8
KALIHI EL.	12	0	12	473	3	4	0	4	486	.82	0	4	4	465	.9	9	3	12	474	2.5	8	2	10	437	2.3	5	0	5	412	1.2
KALIHI-UKA EL.	1	0	1	366	.3	3	0	3	375	.8	2	0	2	396	.5	1	0	1	391	.3	4	1	5	365	1.4	2	0	2	369	.5
KALIHI-WAENA EL.	25	7	32	709	5	22	4	26	672	3.9	21	8	29	617	5	25	8	33	605	5.5	15	13	28	594	4.7	10	4	14	623	2.2
LINAPUNI EL.	N/A	N/A	N/A	224	–	1	0	1	226	.4	N/A	N/A	N/A	259	–	1	0	1	236	.4	3	0	3	237	1.3	1	0	1	237	.4
COMPARISON																														
FERN EL.	7	0	7	580	1.2	2	0	2	557	.4	4	0	4	571	.7	8	0	8	581	1.4	4	5	9	572	1.6	19	2	21	544	3.8
KAIULANI EL.	24	0	24	430	5.6	14	3	17	403	4.2	14	2	16	407	4	9	3	12	405	3	12	0	12	403	3	7	1	8	450	1.8
KALIHI-KAI EL.	18	2	20	997	2	21	0	21	950	2.2	13	4	17	929	1.8	13	9	22	901	2.4	21	11	32	901	3.6	25	7	32	907	4
PUUHALE EL.	18	1	19	399	5	9	0	9	392	2.3	5	3	8	380	2.1	6	0	6	372	1.6	5	0	5	358	1.4	8	1	9	333	2.7
DOLE INT.	85	86	141	1111	12.7	109	61	170	1135	14.9	101	128	229	1072	21.4	116	122	238	1017	23.4	107	152	259	922	28.1	155	154	309	915	33.8
KALAKAUA INT.	103	115	218	1371	15.9	109	83	192	1415	13.6	85	107	192	1450	13.3	109	147	256	1392	18.4	233	191	424	1337	31.7	121	234	355	1234	28.8

[1] Arrest figures based on Honolulu Police Department Annual Statistical Reports

[2] School enrollment count based on official September enrollment count

[3] Number of individuals arrested unknown; total arrest may include same individuals

TABLE 14 . Juvenile arrests and arrest rates for selected Honolulu district intermediate schools in comparison to total Honolulu district and Hawaii State juvenile arrests and arrest rates, 1982-1987

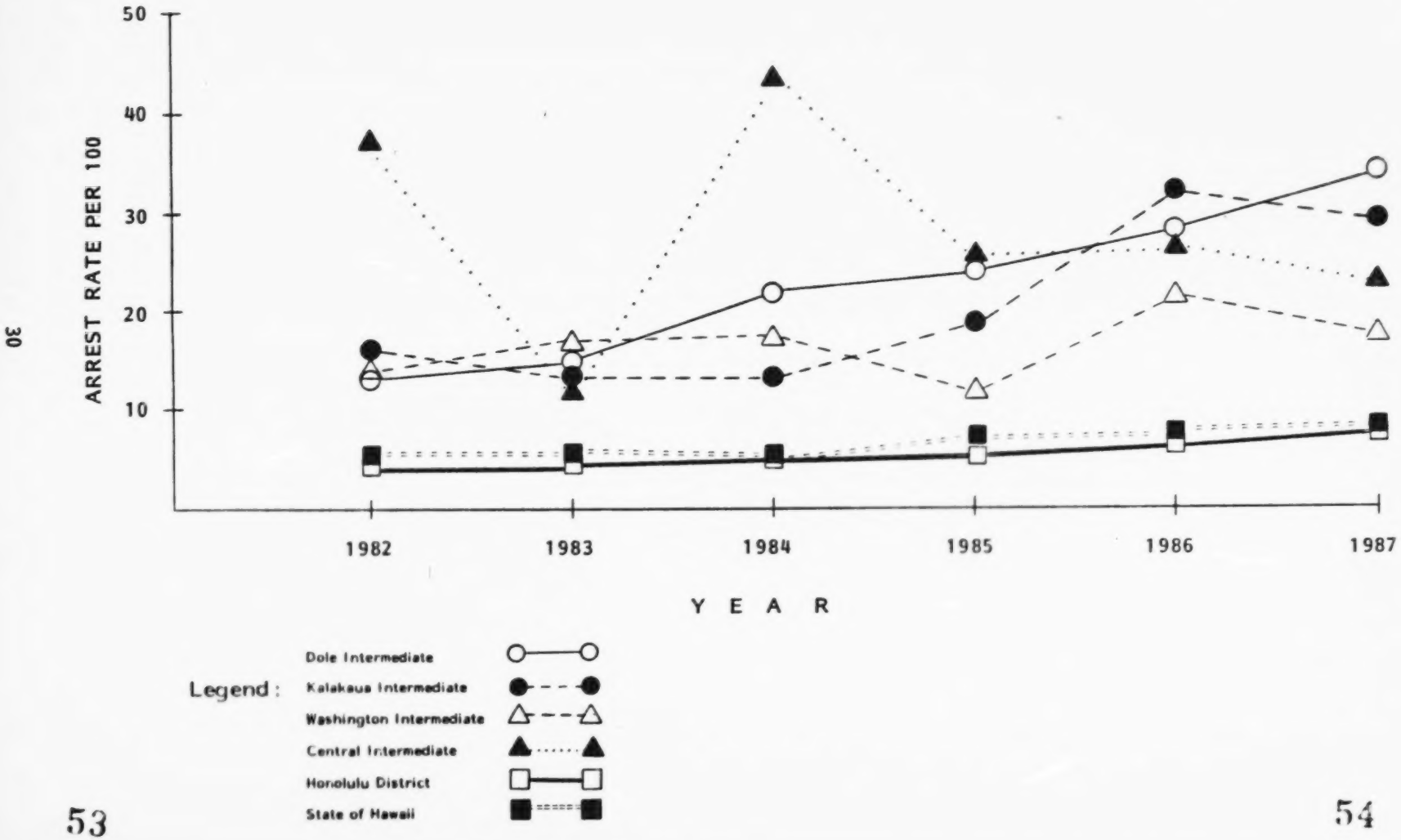
	1982			1983			1984			1985			1986			1987		
SCHOOL	School Enroll[1]	Total Arrests[2]	Arrest Rate Per 100[3]	School Enroll[1]	Total Arrests[2]	Arrest Rate Per 100[3]	School Enroll[1]	Total Arrests[2]	Arrest Rate Per 100[3]	School Enroll[1]	Total Arrests[2]	Arrest Rate Per 100[3]	School Enroll[1]	Total Arrests[2]	Arrest Rate Per 100[3]	School Enroll[1]	Total Arrests[2]	Arrest Rate Per 100[3]
DOLE INT. (7-9)	1111	141	12.7	1135	170	14.9	1072	229	21.4	1017	238	23.4	922	259	28.1	915	309	33.8
KALAKAUA (7-9)	1371	218	15.9	1415	192	13.6	1450	192	13.3	1392	256	18.4	1337	424	31.7	1234	355	28.8
WASHINGTON (7-8)	1339	192	14.3	1354	187	13.8	907	156	17.2	930	107	11.5	848	178	20.9	782	136	17.4
CENTRAL (7-9)	473	173	36.6	541	69	12.8	479	208	43.4	484	122	25.2	425	113	26.5	473	106	22.4
TOTAL JUVENILE ARRESTS, HON. (K-12) PRIVATE & PUBLIC	60219	2998	4.9	59704	2683	4.5	59657	3041	5.1	59172	3436	5.8	57944	3942	6.8	56768	4064	7.2
TOTAL JUVENILE ARRESTS, STATE (K-12) PRIVATE & PUBLIC	196586	11682	5.9	197214	10768	5.5	198102	10242	5.2	198278	13829	7.0	198392	14634	7.4	199685	16141	8.1

[1] School enrollment count based on official September enrollment count

[2] Total arrest computed on calendar year basis (Sources: Crime in Hawaii and HPD Annual Statistical Report)

[3] Number of individuals arrested unknown; total arrests may include same individuals

Figure 3. Juvenile arrest rates per 100 for selected Honolulu district intermediate schools, Honolulu district and State of Hawaii



percent (n = 146) indicated that these visits helped their child(ren). Ninety-three percent (n = 156) indicated the visits helped the parents or the family in general. Responses to items pertaining to HPCP school meetings further show that a total of 375 school visits were made by 121 respondents (mean number of visits = 1.9 per family). Eighty-nine percent (n = 108) indicated the school meetings have helped their child(ren). Similarly, 91% (n = 110) reported that school meetings have helped the parents or the family in general. Three final questions dealt with whether HPCP is important to the child and family. Ninety-three percent (n = 185) of all 200 respondents noted that HPCP is important in helping their child(ren) stay out of trouble. Another 95% (n = 189) reported that HPCP is important in helping their child(ren) feel better about themselves. Finally, 91% (n = 181) indicated HPCP is important in helping their child(ren) and other family members get along better.

Results from the parent survey were, in general, very favorable. The excellent return rate on these surveys were no doubt facilitated by liaison workers and other project staff who assisted parents in completing and submitting surveys.

One could further argue that the responses of the parents or guardians were possibly influenced by such assistance. The support service provided by HPCP to parents/guardians was deemed necessary, however, since many of the respondents were assumed to have poor reading or writing skills, and may not have been familiar with survey instruments and procedures.

It should also be mentioned that HPCP instituted, for the first time this year, year-end summaries of student progress that were sent to parents and guardians. It would be interesting to ascertain whether parents/guardians found the report helpful.

E. Family-school-community agency linkages

The third and final project goal was to establish and strengthen family and school linkages to community agencies that provide services to target students and their families. There were a total 488 log entries across the five treatment schools that documented such services. The mean number of log entries was 98 per school. An attempt was made to disaggregate the services into private versus public agency contacts. An estimated 62% of these contacts were from the public sector, while the remaining 38% were received from private agencies. The most frequent categories of services documented were prevention, crisis intervention, mediation, and other services or a combination of services. The family-school linkages to community agencies were also facilitated by parent workshops/meetings related to community services and by a networking conference early in the school year attended by 25 community agency staffers. According to the HPCP coordinator, HPCP staff continued to use these contacts throughout the school year and summer.

F. Parent opinions, and school and project staff appraisals

More detailed evaluative feedback on HPCP was also solicited through additional items on the parent survey and both the school staff and project staff appraisals. Most of the respondents on the **parent survey** were mothers (74%), followed by fathers (12%), guardians (7%) and others (6%). Respondents reported favorable results on all survey items regarding improvements in child's behavior or family relations. With respect to how HPCP has helped the parent/guardian over the school year, 86% indicated the program has helped them understand their child(ren) better, 3% did not so indicate, 8% were unsure, and 5% did not respond to the item. There were similar response patterns for items concerning improvements in listening, talking or relating to their child(ren). The four most favorable ratings from respondents in reference to child(ren)'s improvements were in attitude toward school/learning, relations with friends, study habits, and discipline at home.

The two most frequently cited modes in which HPCP was most helpful to parents/guardians were: (1) direct assistance, and (2) outreach. The four most cited reasons why HPCP was most helpful to their child(ren) included: (1) improved behavior/attitudes at home or school; (2) improved self-image or self-awareness; (3) improved communication or relationships with parents and/or teachers; and (4) improved social skills, friendships.

A total of 80 school staff respondents completed the **School Staff Appraisal**. Most of these were teachers (89%), some were principals (5%), and a few were regular school counselors (4%). These respondents were responsible for a total of 237 student referrals (mean = 3.4). The three most common categories of intervention strategies deemed helpful in resolving problems experienced by student or family were: (1) direct services (e.g., individual prescriptions, goal-oriented interventions); (2) outreach (e.g., parent involvement, conferencing); and (3) team intervention (i.e., multi-disciplinary approach, ties with community agencies).

Typically, about half or more of school staff indicated HPCP favorably influenced students' behavior or attitude in areas such as self-perception, interpersonal skills, and attitudes towards learning or group work. Almost 70% reported better communication between home and school as a result of the students' or family's participation in HPCP. About 57% of school staff cited community agency outreach efforts to family or student being favorably influenced by HPCP participation. When asked how satisfied respondents were with HPCP services, 65% indicated they were satisfied, 27% were unsure or neutral, and 8% were dissatisfied.

Major strengths of HPCP from the perspective of school staff were (1) the direct assistance type of services offered through individualized help or goal setting, and (2) the team approach that allowed provisions for professional staff and specialists to resolve

problems. Interestingly, school staff differed among themselves in regard to the value of certain activities or delivery methods. The same HPCP activity was at times seen as a strength by some, as a drawback by others. The three major drawbacks of HPCP involved: (1) direct assistance concerns such as limited generalized learning, and needed coordination of HPCP with regular school activities; (2) limited scope/purpose of program to the exclusion of some students; and (3) concerns with the team approach being overly staffed and disruptive (e.g., paperwork demands). Again, some of the voiced concerns are in direct conflict with one another. Some would like more services for more students using a multi-disciplinary team approach; others want a sharper focus on students with particular types of problems serviced either through an HPCP-like concept or through a considerably scaled down version involving less personnel.

How effective is HPCP? Almost two-thirds of school staff respondents (65%) say it is effective in reducing school adjustment problems in grades K-3, a third are unsure/neutral, and 2% rate it as ineffective. Forty-five percent agree that HPCP is effective in reducing pre-delinquent behavior/attitudes in grades 4-6, another 45% are unsure/neutral, while 11% feel HPCP is effective for such problems. Finally, 42% consider HPCP effective in averting future delinquent behavior or major crises, 52% are unsure/neutral, and 7% consider HPCP ineffective in that endeavor. Overall, these are not bad ratings from a group that may be one of HPCP's most unabashed critics.

The **Project Staff Appraisal** was completed by 21 respondents that included site coordinators/counselors (33%), child aides (33%), liaison workers (14%), a single social worker and several other staff members. Typically 90% or more of project staff indicated HPCP favorably influenced students' behavior/attitudes in areas such as interpersonal skills, self-perception, emotional adjustment, or attitudes toward learning or group work (cf. school staff results with regard to these identical categories). Seventy percent of respondents report better communication between home and school, and better relationships between family and school as a result of student/family participation in HPCP. Furthermore, just over half of the respondents consider community agency outreach and coordination efforts improved due to student/family participation in HPCP.

For project staff, the two most helpful intervention strategies for resolving problems experienced by student or family were (1) direct service types of interventions, and (2) outreach activities. Project staff almost overwhelmingly view HPCP as an effective vehicle in reducing school adjustment problems in grades K-3 (94%), reducing pre-delinquent behavior/attitudes in grades 4-6 (81%), and helping to avert future delinquent behavior or major crises (89%). None of the project staff respondents rated HPCP ineffective along these lines. Nevertheless, there were distinctions made between the success of HPCP in grades K-3 and grades 4-6. While only 5% were

unsure about the effectiveness of HPCP in reducing kindergarten to grade 3 adjustment problems, 22% were unsure about HPCP's successes with grades 4 to 6 pre-delinquency problems.

G. Accomplishments, program strengths and problems

In summary, the accomplishments of HPCP in its second year of operation mirror much of that in the first year, and more. Similar to last year, HPCP provided: (1) an array of in-service training modules for HPCP staff that included skill development workshops, orientation sessions, and mini-workshops on using intervention strategies; (2) identification of students with adjustment problems or pre-delinquent behavior/attitude problems; and (3) project implementation in all five targeted treatment schools by early fall. Additionally: (4) the family-school component seems stronger and more systematically implemented than in the initial pilot year; (5) an equivalent comparison group was established; (6) a parent/community advisory committee was formed; (7) progress ratings from the Identification of Problems (IOP) instrument along with data from a number of key state and city agencies allowed baseline assessments of HPCP's short-term impact; (8) a comprehensive demographic database was generated; and (9) student progress summary reports were instituted to inform parents of their child(ren)'s status at the end of the school year.

Program strengths identified by school staff, HPCP staff, parents, and the HPCP evaluator are also similar to the prior year's:

(1) early identification of high-risk students, and insights gained into students' problems;

(2) students can be provided the individual services and attention needed but unavailable from a teacher who is responsible for 20-30 children;

(3) multi-disciplinary team approach that provides an organizational structure and systematic procedures in identification, prescriptive programming and follow-up;

(4) an in-service training, staff development component;

(5) better family-school relations as a result of outreach efforts including parent involvement, networking with community agencies, and a newly instituted year-end summary report sent to each HPCP family.

The problem areas encountered in the second year ranged from personnel to data integrity. As in the prior year, a primary source of difficulty lay in recruiting, hiring and retaining qualified personnel for staff positions. Presumably due in large part to the temporary nature of the pilot project, there was a large turnover of staff from year one. Only one of the two social workers was retained, leaving supervision of school-home liaison workers largely to site coordinators/counselors.

Another source of difficulty was the unreliable nature of reported discipline referrals when utilizing existing data collection methods such as the School Incident Report. The task of operationalizing a program that fairly monitors discipline referrals at each school appears to be a particularly arduous one indeed. Some of the wide discrepancies among school reports are probably due to differing school administrators' philosophies regarding documentation of school infractions. Also, only class A and B offenses are required, by regulation, in these discipline monitoring reports. Consequently, a simplified worksheet version customized for HPCP use was developed for the monitoring of school infractions in both treatment and control schools. This Student Misconduct and Discipline Report (SMDR) does not fully circumvent problems associated with school administrators' philosophies and policies concerning whether and how various discipline problems should be documented. The instrument was nonetheless partially successful in monitoring discipline problems, but one of the comparison schools was unable to submit the SMDR in time, even after repeated requests and reminders.

Overall, data accuracy and consistency in recordkeeping functions have improved in the second year. Some problems remain, however, with respect to submitting multiple, duplicate copies for the same student, or incomplete data for a number of variables.

Other problems identified include concerns with the eroding community agency support presumably due to inadequate funding, and a general perception at some schools that the project could be better integrated with existing school functions.

H. HPCP summary highlights, SY 1987-88

Table 15 contains highlighted summary findings from the second year of HPCP implementation. Demographics were not readily available from comparison schools, but most noticeable is the similarity of the most frequent and most severe behavior problems demonstrated by students in both the treatment and comparison schools, in spite of independent referring agents (mostly teachers). This appears to be further testimony for the successful identification of at-risk students.

I. Recommendations

The following recommendations stem from a review of the second year evaluation of project activities. Some of these recommendations mirror those outlined in the first year HPCP Status Report.

1. Continue efforts to facilitate communication and integration of HPCP with existing school personnel and activities.

2. Continue in-service training workshops and re-assessment of training needs. Involve principals and teachers in determining

Table 15. Summary findings of HPCP second-year (SY 1987-88) implementation: Demographics and behavior problems identified

	TREATMENT SCHOOLS	COMPARISON SCHOOLS
COMBINED STUDENT ENROLLMENT	2,087	2,234
TOTAL NO. STUDENTS SERVED/IDENTIFIED:	232	62
AVERAGE (MEAN) number of students served/identified (per school):	58.0[1]	15.5
RANGE:	From: 31 (K-2 school) To: 81	From: 12 To: 21
DEMOGRAPHICS		
Gender	Males: 69% Females: 31%	
No. and pct. more than 5 yrs. RESIDENCE in Kalihi	n = 115 (50%)	
No. and pct. with one or more years PRESCHOOL experience	n = 78 (34%)	
Three most prevalent ETHNICITIES	1. Samoan (30%) 2. Hawn/Part Hawn (22%) 3. Filipino (16%)	
No. and pct. HAWAII AS BIRTHPLACE	n = 145 (63%)	
No. and pct. on SUBSIDIZED LUNCH PRG.	n = 189 (82%)	
No. and pct. SINGLE PARENTS	n = 84 (35%)	
BEHAVIOR PROBLEMS[2]		
Five (of twenty-nine) most frequent, identified by referring teacher	1. Easily distracted 2. Poor study habits 3. Difficulty following directions 4. Overly dependent 5. Irresponsible behavior	1. Easily distracted 2. Poor study habits 3. Irresponsible behavior 4. Overly dependent 5. Difficulty following directions
Five (of twenty-nine) most severe, rated by referring teacher	1. Easily distracted 2. Poor study habits 3. Difficulty following directions 4. Irresponsible behavior 5. Overly dependent	1. Poor study habits 2. Easily distracted 3. Irresponsible behavior 4. Overly dependent 4. Unaware of influences by or to one's feelings and actions

[1]Based on grades K-6 schools

[2]See Appendix I for complete list of items on Student Behavior Checklist

training priorities for subsequent years (e.g., improve in-service for teachers to clarify program purpose, roles of teachers and school counselors).

3. Strive to improve data integrity. Include checks for accuracy, completeness and non-duplication prior to submission.

4. Attempt to assess student progress, if possible, from an "independent source" such as the referring teacher, to substantiate the statistically significant gains in student progress ratings by HPCP teams.

5. Continue year-end summaries of student progress reports that provide a short written review of the child's status, but be mindful while preparing the report that the primary audience is the parent/guardian. Use less technical language whenever possible.

6. Don't give up on establishing and strengthening linkages among school, home and community agencies. Search for creative alternatives in developing and fostering partnerships.

7. Prioritize needs with respect to purpose and goals of HPCP. Re-examine roles and responsibilities of project and school staff to determine the most productive, cost-efficient program delivery system that best meets the needs of student, family and school.

8. Renewal of funding to continue or expand HPCP in its present or modified form should consider appropriating some of the resources to the four Kalihi elementary schools that helped successfully identify students to serve in the comparison group. The staff at these schools unselfishly devoted time and resources to aid in the overall project effort without any compensation.

9. In light of increasingly competitive requests for the limited available evaluation resources that exist within DOE, prorate a portion of future project funds for contracting evaluation services to ensure future assessments of project impact and implementation. Assessments by an independent evaluator would also furnish further credibility and some conclusive evidence, should present findings be replicated by an external evaluation source.

IV. General Conclusions

There are several general conclusions that may be drawn following the second year of HPCP implementation.

1. HPCP shows promise as a vehicle for identifying at-risk children in need of help, in spite of a wide range of problem sources that potentially underlie maladjustment or delinquent behavior.

2. Most noteworthy of the interagency findings is the proportion of students identified by HPCP who are already known to key agencies. This suggests strongly that HPCP is successfully identifying so-called at-risk students. Also, if these proportions are conservative estimates, as is suspected, then there appears to be a legitimate concern over the inadequate attention provided to students who are in jeopardy of succumbing to juvenile delinquency, future economic deprivation or personality disorders. It would be of more than passing interest to determine if a prevention program like HPCP does provide any promise in preventing further delinquency or maladjustment, in light of the social and economic costs attributed to delinquent or criminal behavior.

3. HPCP helps fill a void for so-called "gap" students who frequently need supportive relief from or counseling for acute family or personal problems. Such students may not be easily identified nor are receiving additional attention through special programs.

4. The training component of HPCP continues to be one of its strengths, but reassessments of priority topics are needed to avoid possible oversight of critical training needs.

5. One of the most serious and recurring problems in operationalizing HPCP is the recruitment and retention of qualified personnel. If HPCP is re-funded under conditions showing more stability in commitment and direction, many of these hiring difficulties would diminish.

6. Results from the Identification of Problems instrument suggest that students, in general, are making some progress in mitigating problems. These mid-year and end-year progress assessments, however, are done by HPCP team members and are, by nature, subjective appraisals of the extent to which problems have been resolved or targeted behaviors have been attained. Replications of such results based on appraisals by an independent source (e.g., referring teachers) would help validate these findings. Parents and guardians, at any rate, seem pleased with HPCP's efforts.

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APPENDIX I

HPCP Instrumentation (Forms)

HONOLULU PRIMARY COUNSELING PROJECT (HPCP)

Student Name	ID No.	Date	Birthdate
School		School Year (Check one)	[ ] SY 1987-88 [ ] SY 1988-89
Grade		Teacher Name	Room No.

STUDENT BEHAVIOR CHECKLIST

Instructions for referring teacher: This instrument is designed to assist in identifying potential referrals. In column A, check those items (in column B) that appropriately describe problem(s) underlying referral to HPCP. If item is checked, provide ratings of behavior frequency and severity (in column C) by marking the box under the appropriate category.

Please submit this form, prior to HPCP intake conference, to your school HPCP coordinator.

Instructions for HPCP Team: Under column D, derive total score by adding across scores under Frequency and Severity columns (for items checked in column A only). Then rank priority of top three (3) problem behaviors by considering total score, other relevant information and professional judgement of HPCP team.

A	B	C TEACHER RATINGS (For items checked)						D	
		Frequency			Severity			For HPCP Team use.	
Check all that apply	ITEM	1 On Occasion	2 Often	3 Daily	1 Mild	2 Moderate	3 Severe	Score	Rank
SUCCESSFUL LEARNER CHARACTERISTICS									
___	1. Has poor study habits.	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	___	___
___	2. Has difficulty in learning, presumably due to personal or family problem.	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	___	___
___	3. Is absent or truant, presumably NOT due to sickness.	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	___	___
___	4. Has difficulty following oral or written directions.	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	___	___
___	5. Needs continual supervision; overly dependent on teacher or others.	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	___	___
___	6. Lacks enthusiasm for school or learning.	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	___	___
___	7. Is easily distracted.	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	___	___
___	8. Displays disruptive behavior.	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	___	___
___	9. Displays irresponsible or undependable behavior.	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	___	___
___	10. Is disobedient or defiant.	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	___	___
___	11. Requires disciplinary action.	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	___	___
INTERPERSONAL (SOCIAL) CHARACTERISTICS									
___	12. Is quarrelsome or initiates/resorts to physical fights.	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	___	___
___	13. Displays aggressive, threatening or violent behavior.	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	___	___
___	14. Displays shy or withdrawn behavior.	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	___	___
___	15. Is uncooperative in group work or group play.	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	___	___
___	16. Displays odd, or inappropriate social behavior.	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	___	___
___	17. Appears alienated from classmates and friends.	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	___	___
___	18. Lacks awareness of or sensitivity to interpersonal problems.	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	___	___
___	19. Unable to think of different possible solutions to interpersonal problems.	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	___	___
___	20. Unable to think of means to ends (that is, can't think of ways to solve interpersonal problems).	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	___	___
___	21. Unable to think of consequences of one's social actions.	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	___	___
___	22. Lacks awareness of how one's feelings and actions are influenced by (or in turn influence) how others feel and act.	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	___	___
___	23. Has difficulty taking another's point of view.	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	___	___
INTRAPERSONAL CHARACTERISTICS									
___	24. Displays anxious or general fearful behavior.	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	___	___
___	25. Expresses poor self-confidence in abilities, or poor self-image.	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	___	___
___	26. Appears uncharacteristically sad/depressed.	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	___	___
___	27. Poses threat of inflicting self-harm.	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	___	___
OTHER									
___	28. (Describe)_____	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	___	___
___	29. (Describe)_____	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	___	___

HPCP 9/87

(Control)

HONOLULU PRIMARY COUNSELING PROJECT (HPCP)

Student Name	ID No.	Date	Birthdate
School		School Year (Check one)	[ ] SY 1987-88 [ ] SY 1988-89
Grade		Teacher Name	Room No.

STUDENT BEHAVIOR CHECKLIST

Instructions for referring teacher: This instrument is designed to assist in identifying potential referrals. In column A, check those items (in column B) that appropriately describe problem(s) underlying referral to HPCP. If item is checked, provide ratings of behavior frequency and severity (in column C) by marking the box under the appropriate category.

Please submit this form, prior to HPCP intake conference, to your school HPCP coordinator.

Instructions for HPCP Team: Under column D, derive total score by adding across scores under Frequency and Severity columns (for items checked in column A only). Then rank priority of top three (3) problem behaviors by considering total score, other relevant information and professional judgement of HPCP team.

A	B	C TEACHER RATINGS (For items checked)						D	
		Frequency			Severity			For HPCP Team use.	
Check all that apply.	ITEM	1 On Occasion	2 Often	3 Daily	1 Mild	2 Moderate	3 Severe	Score	Rank
SUCCESSFUL LEARNER CHARACTERISTICS									
___	1. Has poor study habits.	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	___	___
___	2. Has difficulty in learning, presumably due to personal or family problem.	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	___	___
___	3. Is absent or truant, presumably NOT due to sickness.	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	___	___
___	4. Has difficulty following oral or written directions.	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	___	___
___	5. Needs continual supervision; overly dependent on teacher or others.	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	___	___
___	6. Lacks enthusiasm for school or learning.	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	___	___
___	7. Is easily distracted.	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	___	___
___	8. Displays disruptive behavior.	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	___	___
___	9. Displays irresponsible or undependable behavior.	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	___	___
___	10. Is disobedient or defiant.	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	___	___
___	11. Requires disciplinary action.	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	___	___
INTERPERSONAL (SOCIAL) CHARACTERISTICS									
___	12. Is quarrelsome or initiates/resorts to physical fights.	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	___	___
___	13. Displays aggressive, threatening or violent behavior.	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	___	___
___	14. Displays shy or withdrawn behavior.	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	___	___
___	15. Is uncooperative in group work or group play.	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	___	___
___	16. Displays odd, or inappropriate social behavior.	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	___	___
___	17. Appears alienated from classmates and friends.	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	___	___
___	18. Lacks awareness of or sensitivity to interpersonal problems.	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	___	___
___	19. Unable to think of different possible solutions to interpersonal problems.	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	___	___
___	20. Unable to think of means to ends (that is, can't think of ways to solve interpersonal problems).	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	___	___
___	21. Unable to think of consequences of one's social actions.	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	___	___
___	22. Lacks awareness of how one's feelings and actions are influenced by (or in turn influence) how others feel and act.	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	___	___
___	23. Has difficulty taking another's point of view.	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	___	___
INTRAPERSONAL CHARACTERISTICS									
___	24. Displays anxious or general fearful behavior.	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	___	___
___	25. Expresses poor self-confidence in abilities, or poor self-image.	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	___	___
___	26. Appears uncharacteristically sad/depressed.	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	___	___
___	27. Poses threat of inflicting self-harm.	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	___	___
OTHER									
___	28. (Describe)_____	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	___	___
___	29. (Describe)_____	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	___	___

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IDENTIFICATION OF PROBLEMS

Student Name	Grade	Teacher Name	School Name	School Code
				_ _ _

INSTRUCTIONS FOR HPCP TEAM:
(Including Referring Teacher)

(1) Identify the three most problematic behaviors exhibited by student (Column A).
(2) Briefly describe desired behaviors or outcomes (Column B).
(3) Briefly describe intervention strategy (Column C).
(4) Rate mid-year progress of student (Column D).
(5) Rate end-of-year status of student (Column E).

RATING SCALE

1 = Excellent progress/behavior attained
2 = Good progress
3 = No change
4 = Behavior moderately worse
5 = Behavior substantially worse

A	B	C	PROGRESS RATINGS			
			D		E	
PROBLEM DESCRIPTION	DESIRED BEHAVIOR/OUTCOME	INTERVENTION STRATEGY	Mid-Year (Jan)	Entry Date	End-of-Year (May)	Entry Date
1.				/ /		/ /
2.				/ /		/ /
3.				/ /		/ /

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HONOLULU PRIMARY COUNSELING PROJECT (HPCP)

Page ___ of ___ **COMMUNITY GROUP/AGENCY INVOLVEMENT LOG**

School

School Year [ ] SY 1987-88
(check one) [ ] SY 1988-89

Community Group/Agency	Services Provided Family/Student	Date From	Date To	Type of Agency 1=private 2=public	Type of Services 1=preventive 2=crisis interv. 3=legal service 4=financial/welfare 5=mediation 6=other services
1					
2					
3					
4					
5					
6					
7					
8					
9					
0					
1					
2					
3					
4					
5					
6					
7					
8					
9					
0					
1					
2					
3					

HONOLULU PRIMARY COUNSELING PROJECT (HPCP)

STUDENT RECORD FORM

GENERAL INFORMATION AND INSTRUCTIONS:

Information provided on this form is confidential and is to be used for evaluating student progress and program activities. This form should be securely filed in the student's HPCP records. Access to such records shall be limited to authorized personnel only.

School Year:	Grade:	School name:	School code:
[ ] 1986-87	_____	_____	__ __ __
[ ] 1987-88	_____	_____	__ __ __
[ ] 1988-89	_____	_____	__ __ __

STUDENT INFORMATION, GENERAL

Last Name	First Name	M.I.	Sex (Circle) M F	Birthdate (MM/DD/YY) __ __/__ __/__ __	
Student I.D. No. (10 digits) __ __ __-__ __ __-__ __ __ __	Home Address		Apt. No.	City	Zip Code

No. Yrs. Residence in Kalihi	No. years in pre-school
[ ] None [ ] Less than 1 year [ ] Between 2 & 5 years	[ ] None [ ] Between 1 & 2 years
[ ] Between 1 & 2 years [ ] More than 5 years	[ ] Less than 1 year [ ] 2 years or more

Ethnicity code (check one only)				Phone (res.)_____
[ ] Amer. Indian	[ ] Black	[ ] Chinese	[ ] Filipino	Phone (emergency)_____
[ ] Hawaiian	[ ] Part-Hawaiian	[ ] Japanese	[ ] Korean	
[ ] Portuguese	[ ] Spanish, Puerto Rican	[ ] Samoan	[ ] White	
[ ] Indo-Chinese	[ ] Other (specify)			

Place of Birth	If enrolled in another school program, please specify:	Lunch subsidy: [ ] Free [ ] Reduced cost [ ] Not qualified

FAMILY INFORMATION

[ ] Father or [ ] Guardian	Last Name	First Name	Occupation
	Years Education (Circle) K 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17+		Employment Status [ ] FT [ ] PT [ ] Unemp. [ ] Student
[ ] Mother or [ ] Guardian	Last Name	First Name	Occupation
	Years Education (Circle) K 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17+		Employment Status [ ] FT [ ] PT [ ] Unemp. [ ] Student

Marital Status		Is child custody shared with another home?	
[ ] Married (1st)	[ ] Divorced	[ ] Yes	
[ ] Re-married	[ ] Widowed	[ ] No	
[ ] Separated	[ ] Single		
	[ ] Other		

HEALTH-RELATED INFORMATION

Significant health-related problems	Brief Description
[ ] Medical	_____
[ ] Visual	_____
[ ] Hearing	_____
[ ] Motor	_____
[ ] Emotional	_____

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White (Original)-Student File Blue-Evaluation Section Pink-District Office

HOUSEHOLD MEMBERSHIP

Instructions: Please provide information for each household member who lives with student. List parents first, then other adults, and then children. Use separate page if necessary.

Relationship to Child	Age	Sex M/F	Relationship to Child	Age	Sex M/F

Total No. Adults (20 yrs. or older)_____

Total No. Children_____

STUDENT PERFORMANCE

ATTENDANCE

	SY 1986-87					SY 1987-88					SY 1988-89				
QTR	1	2	3	4	YR	1	2	3	4	YR	1	2	3	4	YR
Days Present															
Days Absent															
No. Times Tardy															

GRADE[1]

	SY 1986-87					SY 1987-88					SY 1988-89				
QTR	1	2	3	4	YR	1	2	3	4	YR	1	2	3	4	YR
Reading															
Writing															
Listening															
Arithmetic															

DISCIPLINE REFERRAL

	SY 1987-88					SY 1988-89				
QTR	1	2	3	4	YR	1	2	3	4	YR
A, Unlawful conduct										
B, Unlawful conduct										
C, Dept.-prohibited conduct										
D, School-prohibited conduct										
TOTAL										

PROMOTION TO NEXT GRADE LEVEL

	YES	NO
SY 1986-87	[ ]	[ ]
SY 1987-88	[ ]	[ ]
SY 1988-89	[ ]	[ ]

ACHIEVEMENT

	Grade 3 SY_____				Grade 6 SY_____				Grade 8 SY_____			
SAT	RAW	%ILE	STANINE	NCE	RAW	%ILE	STANINE	NCE	RAW	%ILE	STANINE	NCE
Rdg.												
Math												

[1]Convert scale for K-3 (E,S+,S,S-,N) to 4.0 System identical to Grades A-F. (E=4, S+=3; S=2;S-=1; N=0).

DATE: __/__/__

HONOLULU PRIMARY COUNSELING PROJECT (HPCP)

SCHOOL STAFF APPRAISAL: 1987-88

NOTE: The information solicited below will be used for statistical purposes only. All information you provide will be treated as confidential. Information will be released only in the form of statistical summaries or in a form which does not identify information about any particular person.

1. Position:
(Check one) [ ] Principal
[ ] Teacher
[ ] Counselor (regular school)
[ ] Other (specify)_____

2. School

(Teachers Only)

3. Grade _____

(Teachers Only)

4. Total number of your students referred to HPCP?_____

5. Which intervention strategies[1] were most helpful in resolving problems experienced by student and/or family? (List up to three.)

a. _____

b. _____

c. _____

6. In your judgement, which of the following areas have been favorably influenced by the student's and family's participation in HPCP?

(Check all that apply.)

Student's:

____ Attitude toward school or learning
____ Study habits or academic skills (as an indirect benefit)
____ Attitude towards group work/play activities
____ Social or interpersonal skills
____ Self-perception
____ Emotional adjustment

Family's:

____ Communication between home and school
____ Relations with school

Agency's:

____ Outreach efforts to family or student
____ Coordination of services to family

7. Please rate your satisfaction with HPCP services. (Check one)

Very dissatisfied				Very satisfied
1	2	3	4	5
[ ]	[ ]	[ ]	[ ]	[ ]

8. In your judgement, what are the major strengths of HPCP?

a. _____

b. _____

9. In your judgement, what are the major drawbacks of HPCP?

a. _____

b. _____

In your judgement, how effective has HPCP been thus far in:

	Very Ineffective 1	2	3	4	Very Effective 5
10. Reducing school adjustment problems in grades K-3?	[ ]	[ ]	[ ]	[ ]	[ ]
11. Reducing pre-delinquent behaviors or attitude in grades 4-6?	[ ]	[ ]	[ ]	[ ]	[ ]
12. Helping to avert future delinquent behavior or a major crisis?	[ ]	[ ]	[ ]	[ ]	[ ]

[1] Intervention strategy includes any kind of action plan for the student or parent/family.

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DATE: __/__/__

HONOLULU PRIMARY COUNSELING PROJECT

PARENT SURVEY: SY 1987-88

NOTE: The Honolulu Primary Counseling Project (HPCP) was previously known as the Primary Counseling Program (PCP). Information provided on this form will be treated as confidential. Information will be released only in the form of statistical summaries or in a form which does not identify information about any particular student.

Student Name Last	First	M.I.	School	Grade

Person filling out survey

[ ] Mother [ ] Guardian
[ ] Father [ ] Other_____

Services

1. Did someone from HPCP visit you or your family this past school year?

[ ] Yes [ ] No

If yes, how many times? _____

Did the visits help your child?

[ ] Yes [ ] No [ ] Not sure

Did the visits help you?

[ ] Yes [ ] No [ ] Not sure

2. Were you asked to come to the school?

[ ] Yes [ ] No

If yes, how many times did you come to school? _____

Did the school meetings help your child?

[ ] Yes [ ] No [ ] Not sure

Did the school meetings help you?

[ ] Yes [ ] No [ ] Not sure

3. Do you feel HPCP has helped you

a. Understand your child better?

[ ] Yes [ ] No [ ] Not sure

b. Handle or relate to your child better?

[ ] Yes [ ] No [ ] Not sure

c. Listen to your child better?

[ ] Yes [ ] No [ ] Not sure

d. Talk to your child better?

[ ] Yes [ ] No [ ] Not sure

4. Overall, do you feel HPCP has helped your child?

[ ] Yes [ ] No [ ] Not sure

If yes, in what way? (Check all that apply.)

_____ Attitude towards school or learning
_____ Study harder or study better
_____ Better grades
_____ Work or play better with friends
_____ Stay out of trouble in school
_____ Stay out of trouble at home
_____ Feeling less shy, more open
_____ Less worrying
_____ Feeling less unhappy
_____ Feeling better about his or her looks/abilities
_____ More helpful at home
_____ More disciplined at home (listens to you more)
_____ Acts more mature (grown-up) at home

5. In what way has HPCP been most helpful to you?

_____

_____

_____

6. In what way has HPCP been most helpful to your child?

_____

_____

_____

7. In your opinion, how important is HPCP in helping your child stay out of trouble? (Check one)

[ ] Important
[ ] Not important
[ ] Don't know

8. In your opinion, how important is HPCP in helping children feel better about themselves? (Check one)

[ ] Important
[ ] Not important
[ ] Don't know

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9. In your opinion, how important is HPCP in helping your family and child get along better? (Check one)

[ ] Important
[ ] Not important
[ ] Don't know

DATE: __/__/__

HONOLULU PRIMARY COUNSELING PROJECT

PROJECT STAFF APPRAISAL: SY 1987-88

NOTE: The information solicited below will be used for statistical purposes only. All information you provide will be treated as confidential. Information will be released only in the form of statistical summaries or in a form which does not identify information about any particular person.

1. Position: (Check one)
   [ ] Site coordinator/counselor
   [ ] Social worker
   [ ] Child aide
   [ ] School/home liaison

2. School(s) assigned: _____

3. Total number of students to whom you provided services in SY 1987-88.

   _____ (Total)

   Of the total students served:

   a. Number of students who improved to the extent HPCP services were no longer needed by the end of the school year? _____

   b. Number of students who improved, but required additional HPCP services at end of school year? _____

   c. Number of students for whom appreciable improvement was not observed? _____

   d. Number of students for whom problems have worsened? _____

4. In your judgement, which of the following areas have been favorably influenced by the student's and family's participation in HPCP?

   (Check all that apply.)

   Student's:

   ____ Attitude toward school or learning
   ____ Study habits or academic skills (as an indirect benefit)
   ____ Attitude towards group work/play activities
   ____ Social or interpersonal skills
   ____ Self-perception
   ____ Emotional adjustment

   Family's:

   ____ Communication between home and school
   ____ Relations with school

   Agency's:

   ____ Outreach efforts to family or student
   ____ Coordination of services to family

5. Which intervention strategies[1] were most helpful in resolving problems experienced by student and/or family? (List up to three.)

   a. _____
   _____
   b. _____
   _____
   c. _____
   _____

6. In your judgement, how effective has the project been thus far in reducing school adjustment problems in grades K to 3?

   (Check one)

   Not effective ... Very effective

1	2	3	4	5
[ ]	[ ]	[ ]	[ ]	[ ]

7. In your judgement, how effective has the project been thus far in reducing pre-delinquent[2] behaviors or attitudes in grades 4 to 6? (Check one)

   Not effective ... Very effective

1	2	3	4	5
[ ]	[ ]	[ ]	[ ]	[ ]

8. In your judgement, how effective do you feel the project has been in helping to avert future delinquent behavior or a major crisis? (Check one)

   Not effective ... Very effective

1	2	3	4	5
[ ]	[ ]	[ ]	[ ]	[ ]

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[1] Intervention strategy includes any kind of action plan for the student or parent/family.

[2] Pre-delinquent implies any aggressive, violent or similarly serious misconduct requiring disciplinary action.

HONOLULU PRIMARY COUNSELING PROJECT (HPCP)

STUDENT MISCONDUCT AND DISCIPLINE REPORT

Tally Worksheet (for HPCP Counselor)

School	School Code ___ ___ ___	School Year (check one) ☐ SY 1987-88 ☐ SY 1988-89

STUDENT NAME	STUDENT I.D. NO.	GRADE	TYPE OFFENSES[1]																				
			1st Quarter				2nd Quarter				3rd Quarter				4th Quarter				Year Total				
			A	B	C	D	A	B	C	D	A	B	C	D	A	B	C	D	A	B	C	D	Total
EXAMPLE DOE	*100 000 0000*		*/*	*//*		*~~////~~*			*/*	*//*									*1*	*2*	*1*	*7*	*10*
1.																							
2.																							
3.																							
4.																							
5.																							
6.																							
7.																							
8.																							
9.																							
10.																							
11.																							
12.																							
13.																							
14.																							

[1]From Chapter 19: Student Misconduct, Discipline, and Reporting Offenses, Department of Education, June 1983, p. 19-9.

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